Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. CAL Freedom 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@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 05 2020 C00629147 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] 05 05 2020 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

	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. (Cominformation below.)	olete the candidate		
	ne of didate				
	didate y Affiliatio	Office Sought: House Senate President	State 00		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ne of didate				
Par	ty Con	nmittee:			
(d)			(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 con-	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 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.)			
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		
	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 Comm		<u> </u>
CAL Freed	dom PAC	
6. Name of Any Co	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Rec books and records 	cords: Identify by name, address (phone number optional) and position of the person in i.	possession of committee
Full Name	Montgomery, Thomas, E, , III	
	4340 Redwood Highway	
Mailing Address	_I F119	
	San Rafael CA 9490	3
Title or Position	CITY STATE	ZIP CODE
Record Keeper	Telephone number 415	250 4036
	name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	name and address of
Full Name of Treasurer	Montgomery, Thomas, E, , III	
Mailing Address	4340 Redwood Highway	
	[F119	
	San Rafael	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 415	250 - 4036

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes o		
safety deposit boxes o Name of Bank, Depos	or maintains funds. sitory, etc. nase Bank 437 Corte Madera Town Center	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. nase Bank	94925
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. nase Bank 437 Corte Madera Town Center	
safety deposit boxes of Name of Bank, Depos	cor maintains funds. sitory, etc. A37 Corte Madera Town Center Corte Madera CITY STATE	94925
safety deposit boxes of Name of Bank, Deposition Chief Mailing Address	cor maintains funds. sitory, etc. A37 Corte Madera Town Center Corte Madera CITY STATE	94925
safety deposit boxes of Name of Bank, Deposition Chief Mailing Address	cor maintains funds. sitory, etc. 1437 Corte Madera Town Center Corte Madera CITY STATE Sitory, etc.	94925
Name of Bank, Depos Mailing Address Name of Bank, Depos	cor maintains funds. sitory, etc. 1437 Corte Madera Town Center Corte Madera CITY STATE Sitory, etc.	94925
Name of Bank, Depos Mailing Address Name of Bank, Depos	cor maintains funds. sitory, etc. 1437 Corte Madera Town Center Corte Madera CITY STATE Sitory, etc.	94925

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

Form/Schedule: F1A Transaction ID:

Amendment was done to change the name of the PAC.

Form/Schedule: Transaction ID: