FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Amador County Republican Central Committee - FEDERAL 1713 Shakeley Lane ADDRESS (number and street) (Check if address is changed) Ione 95640 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS drdave137@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00624882 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. Type or Print Name of Treasurer Manner, David, , 07 26 2025 Signature of Treasurer Manner, David, , , Date 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 candidate information below.) | | | | | | | |
| (b) 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 Senate Presiden | State | | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | |
| Name of Candidate | | | | | | | |
| Party Committee: | | | | | | | |
| (d) This committee is a SUB ` 'REP ` | mocratic, ublican, etc.) Party | | | | | | |
| Political Action Committee (PAC): | | | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6. | onnected organization is a: | | | | | | |
| Corporation Corporation w/o Capital Stock | _abor 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 segregated fund or party committee. (i.e., nonconnected committee) | | | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor 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 (Hy | ybrid PAC). | | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | |
| Joint Fundraising Representative: | | | | | | | |
| This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | | | |
| 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 | | | | | | | |
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| | FEC Form 1 (Rev | i | Page 3 |
| • | | inty Republican Central Committee - FEDERAL | |
| 6. | | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lead | lership PAC Sponsor |
| | California Repul | blican Party Federal Acct. | |
| | | | |
| | Mailing Address | 1001 K St. Floor 4 | |
| | | | |
| | | Sacramento CA 9581 | 14 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Con | nected Organization X Affiliated Organization Joint Fundraising Representative | Leadership PAC Sponso |
| | Helationship. | Thected Organization 7 Anniated Organization 300nt Fundralsing Representative | Leadership FAC Sporist |
| | | | |
| 7. | books and records. | s: Identify by name, address (phone number optional) and position of the person in possen | ession of committee |
| | Full Name | | |
| | Mailing Address | 1713 Shakeley Lane | |
| | | | |
| | | lone CA 9564 | 40 |
| | | | |
| | Title or Desition - | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | 400 | 040 |
| | Treasurer | Telephone number | 218 - 0654 |
| 8. | | me 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 Mar of Treasurer | nner, David, , , | |
| | Mailing Address | 1713 Shakeley Lane | |
| | | | |
| | | | |

CA

STATE ▲

Telephone number

95640

408

ZIP CODE ▲

0654

218

lone

Title or Position ▼

Treasurer

CITY 🔺

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|--|--|----------------------------------|---------------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | | |
| | | Telephone number | |
| . Banks or Other Depositor safety deposit boxes or mai | ies: List all banks or other depositories in vintains funds. | which the committee deposits fun | ds, holds accounts, rents |
| Name of Bank, Depository, | etc. | | |
| Bank of | Marin | | |
| Mailing Address | 422 Sutter Street | | |
| | | | |
| | Jackson | CA L | 95642-2001 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository, | etc. | | |
| ı | | | 1 |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

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

Form/Schedule: F1A Transaction ID:

New treasurer, officers, address, phone and email

Form/Schedule: Transaction ID: