

FEC
FORM 1

STATEMENT OF ORGANIZATION

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RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2018 MAY 23 PM 12:33
Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Greg Conlon for US Senate

ADDRESS (number and street) 43 Virginia Ln

(Check if address
is changed)

Atherton CITY ▲ CA STATE ▲ 94027 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

tom@politicalvisions.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

03 / 31 / 2018

3. FEC IDENTIFICATION NUMBER ►

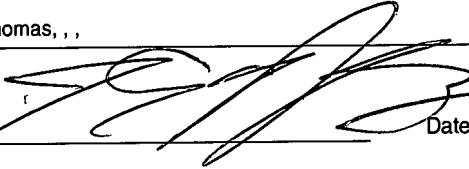
C C00612093

4. 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 Montgomery, Thomas, , ,

Signature of Treasurer Montgomery, Thomas, , ,


Date 03 / 31 / 2018

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. 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

Conlon, Greg, , ,

Candidate Party Affiliation

REP

Office Sought:

 House

Senate

President

State

CA

District

[REDACTED]

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

[REDACTED]

Party Committee:

(d) This committee is a [REDACTED] (National, State or subordinate) committee of the [REDACTED] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.	<input type="checkbox"/> In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
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Joint Fundraising Representative:

(g) 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.

(h) 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. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
2. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
3. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
4. [REDACTED] FEC ID number [REDACTED] C [REDACTED]

Write or Type Committee Name

Greg Conlon for US Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Montgomery, Thomas, ..

Full Name

1912 Grand Ave

Mailing Address

San rafael

CA

94901

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

415 - 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 agent (e.g., assistant treasurer).Full Name
of Treasurer

Montgomery, Thomas, ..

Mailing Address

1912 Grand Ave

San rafael

CA

94901

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

415 - 250 - 4036

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2018052300371413

ORIGIN ID:SRFA (415) 250-4036
THOMAS MONTGOMERY
1912 GRAND AVE
SAN RAFAEL, CA 94901
UNITED STATES US

SHIP DATE: 15MAY18
ACTWTG: 0.50 LB
CAD: 107077715/NET3980
BILL SENDER

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232 HART SENATE OFFICE BUILDING

WASHINGTON DC 20510
(415) 250-4036
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PO:

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JULIE E. ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

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Date of Receipt _____

USPS FIRST CLASS MAIL _____
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Postmark _____

USPS PRIORITY MAIL _____
Postmark _____

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark _____

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>5/15/18</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt _____

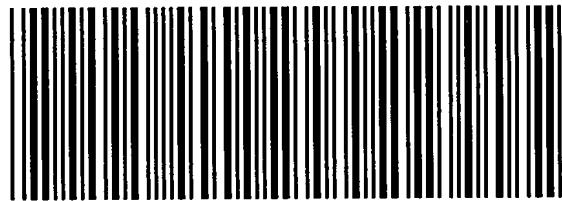
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt _____

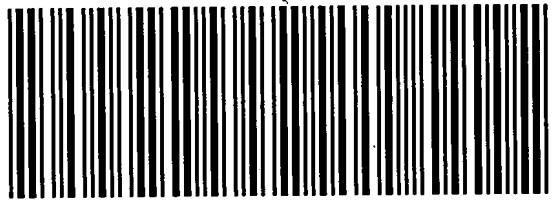
OTHER _____

Date of Receipt or Postmark

PREPARER BP DATE PREPARED 5/23/18



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SEN PATCH

2018052502000377181