Only

PAGE 1/5

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. Tamika PAC (Multi Candidate) 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 ▲ COMMITTEE'S E-MAIL ADDRESS tom@politicalcommunicationsinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2022 C00763466 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, , , III Type or Print Name of Treasurer Montgomery, Thomas, , , III [Electronically Filed] 2022 Signature of Treasurer 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:	didate Committee:					
(a) This committee is a principal campaign committee. (Complete the candida	te information below.)					
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 Senat	te President District 00					
(c) This committee supports/opposes only one candidate, and is NOT an auth	norized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organiz	ation on line 6.) Its connected organization is a:					
Corporation Corporation w/o Capital St	tock 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 i committee. (i.e., nonconnected committee)	s NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor	or 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 (Hybrid 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.						
(j) 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.	C					
	C					

	FEC Form 1 (Revised 0	2/2009)			Page 3	
V	Vrite or Type Committee Name	Aulti Candidata)				
	-	Multi Candidate)				
6.	=	rganization, Affiliated Committee, J	oint Fundraising Represe	entative, or Lea	dership PAC Sponsor	
	NONE					
	Mailing Address					
					[-]	
		CITY ▲	Sī	TATE A	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organizatio	n Joint Fundraising R	epresentative	Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Montgomer	y, Thomas, , , III				
	Full Name	,,eao,,,,				
	Mailing Address	2 Civic Center Drive				
		#4338				
		San Rafael		CA 949	013-5703	
		CITY ▲	S ⁻	TATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Record Keeper		Telephone numbe	er 415		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the co	ommittee; and th	e name and address of	
	Full Name Montgomer	y, Thomas, , , III				
	of Treasurer					
	Mailing Address	2 Civic Center Drive				
		#4338	<u> </u>			
		San Rafael		CA 949	913-5703	
		CITY ▲	S	TATE ▲	ZIP CODE ▲	
	Title or Position ▼			. 445	250	
	Treasurer		Telephone numbe	er 415 -	- 250 - 4036	

FEC Form 1 (Revised	02/2009)		Page 4				
Full Name of	02/2000)		r age 4				
Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
Title or Position •	1	1					
		Telephone number					
Banks or Other Depositori safety deposit boxes or main	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,	Name of Bank, Depository, etc.						
U.S. Bank							
Mailing Address	305 San Anselmo Avenue						
	San Anselmo	CA CA	94960				
	CITY A	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				

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

Form/Schedule: F1A Transaction ID:

Changing PAC from Leadership to a Super\Hybrid PAC

Form/Schedule: Transaction ID: