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PAGE 1 / 5 -

STATEMEN	ΓOF
ORGANIZA	ΓΙΟΝ

FEC FORM 1		ORGAN						Offic	e Use Onl	у	-
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		mple:If typing the lines.	, type	12F	'E4M5	5			
			ove	ule illes.							
Nisha For (	ongre	\$\$\$ 									
ADDRESS (number a	nd street)	2 Civic Center Drive									
★ (Check if a is changed		#4338									
is changed	,	San Rafael			1			94913	3-5703	-	
		CITY A				STAT	E▲		ZIF	P CODE ▲	
COMMITTEE'S E-MA		SS									
★ (Check if a is changed		tom@politicalcomr	nunication	sinc.com			1 1				
	<i>(</i> L	Optional Second E-Mai	il Address								
		$\lfloor \cdot \\ \cdot $									
COMMITTEE'S WEB	address	DRESS (URL)									
2. DATE	6 / D 30	D / Y Y Y Y 2021									
3. FEC IDENTIFIC	CATION NU	MBER ► C	C0072303	1							
4. IS THIS STATEM		NEW (N) OF	× F	AMEND	ED (A)						
I certify that I have e	examined thi	is Statement and to the	best of my l	knowledge an	d belief it	is true,	correc	t and c	omplete.		
Type or Print Name	of Treasurer	Montgomery, Thomas, ,	3								
Signature of Treasure	er <i>Montgo</i>	omery, Thomas, , ,		[Electronically	Filed]	Date	M 08	M / 3	D D 24	/ Y Y 2022	
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 Use Only				For further inf Federal Electio Toll Free 800-4 Local 202-694-	n Commissi 24-9530					ORM 1 06/2012)	

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FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e. (Complete the candidate
Name of Sharma, Nisha, , , Candidate	
Candidate Office Party Affiliation REP Sought: K House Senate	President District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	
Name of Candidate   Image: Committee:     (d)   This committee is a	(Democratic,
(u) or subordinate) committee of the	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:
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 sepa committee. (i.e., nonconnected committee)	arate segregated 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.)	
(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:

(i) 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
2.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Nisha For Congress

6.	Name of Any ONONE	Conn	nect	ed	Orę	gan	iza	tior	ı, A	ffili	iate	d(	Со	mn	nitt	ee,	Jo	oint	F	uno	dra	isir	ŋg	Rej	pre	sei	ntat	ive	, o	r L	ead	der	ship	P	AC	Sp	on	sor	
	Mailing Address	8																																					
													С	'TI	Y 🔺	•										ST/	ΑΤΕ						ZI	PC		ЭЕ			
	Relationship:	С	onne	ecte	ed C	Drga	aniz	atio	n		Affi	liat	ed	Or	gan	iza	tior	ı		J	oint	Fu	ndr	aisi	ing	Re	pre	sen	tativ	/e			Lea	dei	rshij	ρP	AC	Spo	nso

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, , ,
Full Name	
Mailing Address	2 Civic Center Drive
	#4338
	San Rafael CA 94913-5703
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Record Keeper	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	Montgomery, Thomas, , ,
of Treasurer	
Mailing Address	
	#4338
	San Rafael CA 94913-5703
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2/:	20	09	9)																							Pa	ge 4	4	
Full Name of Designated Agent										I			1																	
Mailing Address	L																													
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	L																					L						- [		
								C	ITY	′▲									ST/	ATE					Z	IP	со	DE		
Title or Position ▼																														
													٦	Fele	eph	one	e n	uml	ber					- [				- [		

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.

U.S. Ba	ank		
Mailing Address	305 San Anselmo Avenue		
	San Anselmo	CA 94960	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Address change

Form/Schedule: Transaction ID: