FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Granite Construction Inc. Employee PAC - GRANITEPAC 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@olsonremcho.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00337394 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 Chavez, Sonny, , 06 12 2025 Signature of Treasurer Chavez, Sonny, , , 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

E	C Form 1 (Revised 03/2022)	age 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 candinformation below.)	date
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President Dist	rict CA
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) P	'arty
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:
	X Corporation Corporation w/o Capital Stock Labor Organiza	tion
	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 committee. (i.e., nonconnected committee)	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1. C	

Title or Position ▼

Treasurer

	EEC Form 1	(Partical 02/2000)			
	Vrite or Type Commi	(Revised 02/2009) ttee Name	rage 3		
		onstruction Inc. Employee PAC - GRANITEPAC			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Granite Cons				
	Mailing Address	P.O. Box 50085			
		Watsonville CA 95077			
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: X	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponse		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Full Name	Werbrock, Andrew H., , ,			
	Mailing Address	555 Capitol Mall, Suite 400			
		Sacramento			
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Custodian of Recor	ds Telephone number	4422952		
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	Chavez, Sonny, , ,			
	Mailing Address	1525 East Marine View Drive			
			<u> </u>		
		Everett WA 98201			
		CITY ▲ STATE ▲	ZIP CODE ▲		

452

Telephone number

551

3100

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Full Name of Designated Agent	Roland, Donald, , ,						
Mailing Address	P.O. Box 50085						
	Watsonville	CA , 95077					
	CITY A	STATE ▲ ZIP CODE ▲					
Title or Position		STATE A ZIP CODE A					
Assistant Treasu	er 	number	407 				
	Depositories: List all banks or other depositories in which the comm ses or maintains funds.	nittee deposits funds, holds accounts, rent	ts				
Name of Bank, Depository, etc.							
	Wells Fargo Bank						
Mailing Address	400 Capitol Mall						
	Sacramento	CA 95814 -					
	CITY ▲	STATE ▲ ZIP CODE ▲					
Name of Bank, Depository, etc.							
	Wells Fargo Bank						
Mailing Address	400 Capitol Mall						
	Sacramento	CA 95814					
	CITY ▲	STATE ▲ ZIP CODE ▲					