

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

Verbica For Congress

ADDRESS (number and street)

2 Civic Center Drive

☐(Check if address
is changed)

#4338

San Rafael

CITY ▲

CA

STATE ▲

94913-5703

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

verbica@pci.vote

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

https://www.peterverbica.com

2. DATE

MM / DD / YYYY
07 / 21 / 2025

3. FEC IDENTIFICATION NUMBER ►

C

C00902841

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, E., III

Signature of Treasurer Montgomery, Thomas, E., III

Date

MM / DD / YYYY
07 / 21 / 2025

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

Write or Type Committee Name

Verbica For Congress

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 Organization ☐ 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.

Full Name Montgomery, Thomas, E, , III

Mailing Address 95 Professional Center Pkwy

A100

San Rafael

CA

94903

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Record Keeper

Telephone number 415 - 785 - 3154

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, E, , III

Mailing Address 95 Professional Center Pkwy

A100

San Rafael

CA

94903

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 415 - 785 - 3154

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.

Chase Bank

Mailing Address

437 Corte Madera Town Center

Corte Madera

CITY ▲

CA

STATE ▲

94925

ZIP CODE ▲

Name of Bank, Depository, etc.

U.S. Bank

Mailing Address

630 Las Gallinas Avenue

San Rafael

CITY ▲

CA

STATE ▲

94903

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Changed bank

Form/Schedule:

Transaction ID: