

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

The MICRA Federal PAC of NORCAL Mutual Insurance Company

ADDRESS (number and street) 400 Capitol Mall Suite 2400

(Check if address is changed)

Sacramento CITY ▲ CA STATE ▲ 95814 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) SacramentoGovCompliance@gtlaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 11 / 16 / 2023

3. FEC IDENTIFICATION NUMBER ► C C00398248

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 Olson, Meagan, , ,

Signature of Treasurer Olson, Meagan, , , Date 11 / 16 / 2023

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.

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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 (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:

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 separate segregated fund or party committee. (i.e., nonconnected committee)

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

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

The MICRA Federal PAC of NORCAL Mutual Insurance Company

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

NORCAL Mutual Insurance Company

Mailing Address

560 Davis Street

San Francisco

CA

94111

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

Olson, Rebecca, , ,

Mailing Address

400 Capitol Mall Suite 1545

Sacramento

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

916

868

0621

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

Olson, Meagan, , ,

Mailing Address

500 Capitol Mall, Ste 2350

Sacramento

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

916

426

3073

Full Name of Designated Agent

None, , , ,

Mailing Address

Grid for mailing address with fields for City, State, and ZIP Code.

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid for title or position.

Telephone number

Grid for 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.

First Foundation Bank

Mailing Address

18101 Von Karman Avenue, Suite 750

Irvine

CA

92612

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

Grid for mailing address with fields for City, State, and ZIP Code.

CITY ▲

STATE ▲

ZIP CODE ▲