Only

STATEMENT OF

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FORM 1		0	RGAN	IIZ <i>A</i>	ATIC	N														
														Of	fice (Jse O	nly			
NAME OF COMMITTEE (ir	n full)		Check if nan changed)	ne		mple: If the lir		j, typ	e		12F	Έ4	M5	_	_					
Tandon For	Congre	ess 																		
															ı				ı	
ADDRESS (number a	nd street)	2 Civic C	enter Drive																	
(Check if address		Unit 4338	3		1 1	1 1	1 1	1 1	ı		1 1			ı		1 1		1 1		
is changed	u)	San Rafa	nel TY 🛦							;	CA STAT	E 🛦		949	13-5			- L		
COMMITTEE'S E-MA	AIL ADDRE	SS																		
X ◀ (Check if a is changed		tandon@	pci.vote																	
		Optional	Second E-M	ail Add	ress															
COMMITTEE'S WEE		DRESS (UF	RL)																	
2. DATE 0	M / D 04		2025																	
3. FEC IDENTIFIC	CATION NU	JMBER ▶	. (C00	072187	8														
4. IS THIS STATE	MENT	NEW	(N) C	R	×	А	MEND	ED ((A)											
I certify that I have o	examined th	is Stateme	nt and to the	e best o	of my k	nowle	dge an	ıd be	lief i	t is	true,	cor	rect	and	con	nplet	e.			
Type or Print Name	of Treasure	^r <u>Montgon</u>	nery, Thomas	, E, , III																
Signature of Treasure	er <u>Mont</u>	gomery, Tho	omas, E, , III						_	Da	ate	7	08	_ ′	D	04	/		025	Y
NOTE: Submission of	false, errone		omplete inform		-			_	_						pena	alties	of 5	2 U.S	S.C. §	30109.
Office Use						Federa	ther int Election	n Con	nmiss		act:							RM /2012)		

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2						
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. (Complete the candid information below.) Name of Candidate Tandon, Ritesh, , ,							
(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.	Party						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:						
Corporation Corporation w/o Capital Stock Labor Organi	zation						
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 function committee. (i.e., nonconnected committee)	d 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 mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political						
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political						
Committees Participating in Joint Fundraiser							
1C							

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Tandon For Con		
3.	•	ganization, 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 Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Montgome	y, Thomas, E, , III	
	Full Name	y, monias, E, , iii	
	Mailing Address	2 Civic Center Drive	
		Unit 4338	
		San Rafael	94913-5703
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	415 Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
		y, Thomas, E, , III	
	of Treasurer	2 Chila Contar Driva	
	Mailing Address	2 Civic Center Drive	
		Unit 4338	
		San Rafael CA	94913-5703
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	415 Telephone number	250

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address			
Title or Position		ATE A	ZIP CODE ▲
I		1 1 1	
	Telephone number		
	Depositories: List all banks or other depositories in which the committee de	eposits funds, hold	ds accounts, rents
Name of Bank, D	epository, etc.		
	Chase Bank		
Mailing Address	437 Corte Madera Town Center		
	Corte Madera	DA 94925	
	CITY ▲ STA	TE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲ STA	TE ▲	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

Change of bank and email

Form/Schedule: Transaction ID: