

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

Marin County Republican Central Committee (Federal)

ADDRESS (number and street) 603 Del Ganado Road
 (Check if address is changed) Unit 6787
San Rafael CA 94903
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) info@maringop.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) http://www.maringop.org

2. DATE 05 / 30 / 2024

3. FEC IDENTIFICATION NUMBER C C00233361

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 Main, Derrick, O, Mr.,

Signature of Treasurer Main, Derrick, O, Mr., Date 06 / 09 / 2024

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

Marin County Republican Central Committee (Federal)

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

California Republican Party (Federal)

Mailing Address 1001 K Street
 4th Floor
 Sacramento CA 95814
 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 Main, Derrick, O, Mr.,
 Mailing Address P. O. Box 11002
 San Rafael CA 94912
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Record Keeper Telephone number 415 - 272 - 9551

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 Main, Derrick, O, Mr.,
 Mailing Address P. O. Box 11002
 San Rafael CA 94912
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number 415 - 272 - 9551

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty 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.

Chase

[Grid for Name of Bank, Depository, etc.]

Mailing Address

300 Las Gallinas Avenue

[Empty grid for Mailing Address line 2]

San Rafael CA 94903-3617

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Bank of Marin

[Grid for Name of Bank, Depository, etc.]

Mailing Address

496 Las Gallinas Avenue

Suite 4

San Rafael CA 94903

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

New Treasurer and Record Keeper

Form/Schedule:

Transaction ID: