Only

## STATEMENT OF

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FEC FORM 1			RGAN		ON						0#:		-1.		
1. NAME OF			Chook if name	- Ev	ample:If typ	oina tun	0		-		Office	Use O	nly		
COMMITTEE (in	full)		Check if name changed)		er the lines		E	121	FE4	M5					
Lucie Volot	zky fo	r Con	gress												
ADDRESS (number a	nd street)	2 Civic C	enter Drive												
(Check if address is changed)		#4338				1 1 1	1 1	1 1	I	1 1	1 1	1 1	1 1		ı I
is changed	<i>1)</i>	San Rafa	ael				1	CA	\	5	94913	-5703	1_1		
		Cl	TY 🛦					STA	 TE ▲			Z	IP CC	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS													
(Check if a is changed		tom@p	ooliticalcom	munication	nsinc.com	<b>1</b>									
		Optional	Second E-Ma	il Address											
COMMITTEE'S WEB  (Check if a is changed)	address	•	eforlucie.com												
2. DATE 10	M / D 14	D / Y	2022												
3. FEC IDENTIFIC	CATION NU	JMBER ▶	. C	C007741	41										
4. IS THIS STATEM	MENT	NEW	(N) OI	R 2	<b>c</b> AME	NDED (A	A)								
I certify that I have e	examined th	is Stateme	nt and to the	best of my	knowledge	and bel	lief it is	s true	, cori	rect a	ınd co	mplete	Э.		
Type or Print Name	of Treasure	Montgon	nery, Thomas,	,											
Signature of Treasure	er <i>Montg</i>	omery, Thom	as, , ,		[Electronic	ally Filed	<u>[]</u>	Date	The state of the s	10	] ′ [	14	/ Y	2022	Y Y
NOTE: Submission of	false, errone		omplete informa									nalties	of 52	U.S.C.	§30109
Office Use					For furthe Federal Ele Toll Free 8	ection Com	nmissior					EC F			

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 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 candidate information below.)					
Name of Candidate Volotzky, Lucie, , ,						
	Candidate Party Affiliation REP Office Sought:  House Senate President	State CA  District 32				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	5,000,000				
	Name of Candidate					
	Party Committee:					
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, e	etc.) Party				
	Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization						
	Corporation Corporation w/o Capital Stock Labor Org	anization				
	Membership Organization Trade Association Cooperation	/e				
	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 committee. (i.e., nonconnected committee)	fund 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(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						
	1C					

	FEC Form 1 (	(Revised 02/2009)	Page <b>3</b>
٧	rite or Type Committ		
		otzky for Congress	
3.	Name of Any Con	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	Ship PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
			1
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in posses	sion of committee
	N	Montgomery, Thomas, , ,	
	Full Name		
	Mailing Address	2 Civic Center Drive	
		San Rafael CA 94913	-5703
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone number	250 - 4036
3.		name and address (phone number optional) of the treasurer of the committee; and the rent (e.g., assistant treasurer).	name and address of
	Full Name	Montgomery, Thomas, , ,	
	of Treasurer		
	Mailing Address	2 Civic Center Drive	
		#4338	
		San Rafael CA 94913	-5703
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	250 - 4036

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Full Name of Designated Agent		1 1 1 1 1 1 1							
Mailing Address									
Title or Position ▼	CITY A	STATE A	ZIP CODE ▲						
	Telephone numb	per							
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the committee ntains funds.	deposits funds, holds	accounts, rents						
Name of Bank, Depository, e	etc.								
U.S. Ba	U.S. Bank								
Mailing Address	305 San Anselmo Avenue								
	San Anselmo	CA 94960							
	CITY ▲ S	STATE A	ZIP CODE ▲						
Name of Bank, Depository, e	etc.								
Mailing Address									
	CITY ▲ S	STATE A	ZIP CODE ▲						