

Statement of Organization Recipient Committee

Statement Type Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Termination - See Part 5

Date Stamp

**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
January 09, 2024



1. Committee information		I.D. Number (If applicable)	1309029	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
Plumas County Republican Central Committee (State)				Thomas Montgomery			
STREET ADDRESS (NO P.O. BOX)		CITY		STREET ADDRESS (NO P.O. BOX)		CITY	
[REDACTED]		Chester, CA 96020		[REDACTED]		San Rafael, CA 94903	
ZIP CODE		STATE	AREA CODE/PHONE	CITY		STATE	ZIP CODE
661 846-6807				[REDACTED]			
FULL MAILING ADDRESS (IF)				EMAIL ADDRESS OF TREASURER (REQUIRED)			AREA CODE/PHONE
PO Box 871 Chester, CA 96020				tom@politicalcommunicationsinc.com			415 250-4036
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				NAME OF ASSISTANT TREASURER, IF ANY			
brower777@sbcglobal.net				STREET ADDRESS (NO P.O BOX)			CITY
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		[REDACTED]			STATE
Plumas County		Plumas County		[REDACTED]			ZIP CODE
[REDACTED]				[REDACTED]			

Attach additional information on appropriately labeled continuation sheets

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ By _____

Digitally signed by Thomas Montgomery
 Date: 2024.01.09 12:37 -08'00'

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Plumas County Republican Central Committee (State)	I. D. NUMBER 1309029
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- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Plumas Bank	AREA CODE/PHONE Doug Brower 530-832-4405	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Portola, CA 96122-8414	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

Statement of Organization Recipient Committee

CALIFORNIA
FORM
410

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Plumas County Republican Central Committee (State)

I. D. NUMBER
1309029

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To promote Republican values and ideals in Plumas County

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

NAME OF FILER Plumas County Republican Central Committee (State)		I.D. NUMBER 1309029			
FORM	REFERENCE	NOTES			
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Bonnie Brower			
		STREET ADDRESS 601 Sherman Road			
		CITY Chester, CA 96020	STATE CA	ZIP CODE 96020	AREA CODE/PHONE 619 985-1044