

Statement of Organization Recipient Committee

Statement Type

☐ InitialNot yet qualified ☐ or☐ Amendment☒ Termination - See Part 5☒ Date qualification threshold met

Date qualification threshold met

Date of termination

2024-02-22

2024-03-31

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

1. Committee information

I.D. Number
(if applicable)

1464272

NAME OF COMMITTEE

No on Measure H, keep Los Banos Mayor's term at 2 years Sponsored by Talon Insights, LLC

STREET ADDRESS (NO P.O. BOX)

1350 East Pacheco Boulevard, Suite B Unit 143

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Los Banos, CA 93635

(415) 250-4036

FULL MAILING ADDRESS (IF

2 Civic Center Drive #4338

San Rafael, CA 94913-5703

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

tom@politicalcommunicationsinc.com

COUNTY OF DOMICILE

Merced

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Los Banos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Thomas E. Montgomery, III

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

95 Professional Center Parkway A100 San Rafael, CA 94903

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

tom@politicalcommunicationsinc.com

415 250-4036

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Thomas E. Montgomery, III

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

95 Professional Center Parkway A100 San Rafael, CA 94903

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

tom@politicalcommunicationsinc.com

415 250-4036

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 _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

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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

U.S. Bank

Thomas Montgomery

AREA CODE/PHONE

415 448-0167

BANK ACCOUNT NUMBER

157534049521

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

630 Las Gallinas Avenue

San Rafael, CA 94903

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 ☐	Partisan ☐	(list political party below)
			Nonpartisan ☐	Partisan ☐	(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 ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

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COMMITTEE NAME

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I. D. NUMBER

1464272

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 oppose Measure H to expand mayor's term to 4 years

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Talon Insights, LLC

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

Social welfare organization, political watchdog

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

7171 North Millbrook Avenue

Suite 101

Fresno

CA

93720

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.
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- 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.

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4. Type of Committee Complete the applicable sections.

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
Measure H, Mayoral Term Limits BALLOT LETTER OR NUMBER: H	JURISDICTION: Los Banos	SUPPORT ☐	OPPOSE ☒
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐