PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Action Club of Chico 5429 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento 95841 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address info@dacc.democrat COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00407866 FEC IDENTIFICATION NUMBER > 3. X 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. Lewis, Denise, , , Type or Print Name of Treasurer Lewis, Denise,,, [Electronically Filed] 12 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		m 1 (Revised 02/2009)	Page 2
		OMMITTEE  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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		<u> </u>
	lidate Affiliatio	Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Com	mittee:	Dama avatia
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/20)	09)	Page <b>3</b>
Write or Type Committee Name		. 3
Democratic Action	Club of Chico	
	ization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected Orga	anization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
<ol> <li>Custodian of Records: Identify b books and records.</li> </ol>	y name, address (phone number optional) and position of the person in posse	ession of committee
Lewis, Denise, ,	,	1
Full Name	9 Madison Avenue	
Mailing Address		
	cramento , CA , 95841	
Sa	Cramento	
Title or Position	CITY STATE ZI	P CODE
Custodian of Records	Telephone number 916 - 34	9100
Treasurer: List the name and add any designated agent (e.g., assistate)	ress (phone number optional) of the treasurer of the committee; and the name ant treasurer).	e and address of
Full Name Lewis, Denise, , of Treasurer	, 	
Mailing Address	9 Madison Avenue	
L		
Sac	cramento CA 95841	
Title or Position	CITY STATE ZI	P CODE
Treasurer		8 9100

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Aram, James, , ,	
Mailing Address	26 River Wood Loop	
	Chico CA 95926  CITY STATE ZI	IP CODE
Title or Position Assistant Treasu	urer 53058	3864
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.  Depository, etc.  First Foundation Bank	accounts, rents
	<sub>1</sub> 2233 Douglas Blvd., Suite 300	
Mailing Address	2233 Douglas Blvd., Suite 300	
Mailing Address	2233 Douglas Blvd., Suite 300  Roseville  CA 95661	
Mailing Address	Roseville CA 95661	IP CODE
Mailing Address  Name of Bank, D	Roseville CA 95661  CITY STATE Z	IP CODE
	Roseville CA 95661  CITY STATE Z	IP CODE
	Roseville CA 95661  CITY STATE Z	IP CODE
Name of Bank, D	Roseville CA 95661  CITY STATE Z	IP CODE
Name of Bank, D	Roseville CA 95661  CITY STATE Z	IP CODE