PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Yolo County Republican Central Committee (Fed Acct.) PO Box 1546 ADDRESS (number and street) (Check if address is changed) **Davis** 95617-1546 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ca.madsen81@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00385799 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. Madsen, Carolyn, , , Type or Print Name of Treasurer Madsen, Carolyn,,, [Electronically Filed] 16 2018 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

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TYPE OF COMMIT Candidate Com	TEE	
(a) This of	committee is a principal campaign committee. (Complete the candidate information below.)	
	committee is an authorized committee, and is NOT a principal campaign committee. (Compation below.)	elete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State 00
(c) This of	committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committe		Domogratio
(d) X This of	CLID ' ' PED ' '	Democratic, Republican, etc.) Party.
Political Action	Committee (PAC):	
(e) This o	committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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.	
	committee supports/opposes more than one Federal candidate, and is NOT a separate sequittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fundraisin	g Representative:	
	committee collects contributions, pays fundraising expenses and disburses net proceeds for two hittees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h) This c	ommittee collects contributions, pays fundraising expenses and disburses net proceeds for two ittees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees	s Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

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Write or Type Committee I	Name	
Yolo County	Republican Central Committee (Fed A	cct.)
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
<u> </u>		<u> </u>
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
rtolationship.	Juniated Committee Committ	Laure Lauren de Chernes
	: Identify by name, address (phone number optional) and position of the	person in possession of committee
books and records.		
Mads Full Name	sen, Carolyn, , ,	
Mailing Address	34 Hiller Court	
S		
		95776
Title or Position	CITY STATE	ZIP CODE
Record Keeper		662 418 0193
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
Full Name Mads	en, Carolyn, , ,	
of Treasurer		
Mailing Address	34 Hiller Court	
	Woodland	95776
Title or Position Treasurer	CITY STATE	ZIP CODE 662 418 0193
	Telephone number	

. 20 . 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,	Yolo Federal Credit Union	
	Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100	91-6423
Name of Bank,	Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100	291-6423 ZIP CODE
Name of Bank,	Popository, etc. Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100 West Sacramento CITY STATE	
Name of Bank, Mailing Address	Popository, etc. Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100 West Sacramento CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100 West Sacramento CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100 West Sacramento CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Yolo Federal Credit Union 2240 Lake Washington Boulevard Suite 100 West Sacramento CITY STATE Depository, etc.	