Only

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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. SLO County Democratic Party-Federal Post Office Box 15155 ADDRESS (number and street) (Check if address is changed) San Luis Obispo 93406 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 COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2018 C00276659 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] 02 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

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	)	Page <b>2</b>
TYPE OF COMMITTEE	,	, wyv <b>=</b>
Candidate Committee:  (a) This committee is a p	principal campaign committee. (Complete the candidate information	below.)
	authorized committee, and is NOT a principal campaign committee	,
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate Presi	State CA dent District
(c) This committee support	orts/opposes only one candidate, and is NOT an authorized commi	ittee.
Name of Candidate		
Party Committee:	(National State	/Domogratio
(d) This committee is a	SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political Action Committee (I	PAC):	
(e) This committee is a s	separate segregated fund. (Identify connected organization on line 6.)	) Its connected organization is a
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership	Organization Trade Association	Cooperative
In add	dition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee support committee. (i.e., noncommittee.)	orts/opposes more than one Federal candidate, and is NOT a sepa onnected committee)	arate segregated fund or party
In addition, thi	is committee is a Lobbyist/Registrant PAC.	
In addition, thi	is committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Represent	ative:	
	ts contributions, pays fundraising expenses and disburses net proceed ions, at least one of which is an authorized committee of a federal can	
(h) This committee collects	es contributions, pays fundraising expenses and disburses net proceed ons, none of which is an authorized committee of a federal candidate.	ds for two or more political
Committees Participating	in Joint Fundraiser	
1. [	FEC ID number	
2.	FEC ID number	
3.		
	FEC ID number C	

FEC <b>Form 1</b> (Revised	I 02/2009)	Page <b>3</b>
Write or Type Committee Nan		J
SLO County D	emocratic Party-Federal	
<b>-</b>	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
None		
	<u> </u>	<u> </u>
Moiling Address		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representativ	re Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pers	son in possession of committee
Lewis, Do	enise,,,	
Full Name	5429 Madison Avenue	
Mailing Address		
	Sacramento	95841
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	916 Telephone number	348 9100
B. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	nd the name and address of
Full Name Lewis, De	enise, , ,	
Mailing Address	5429 Madison Avenue	
	Sacramento	95841
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated Agent	Jouet, Tim, , ,	, , , , , , , , L		
Mailing Address	476 Sandercock			
-	San Luis Obispo  CA 93401  CITY STATE ZII	P CODE		
Title or Position Assistant Treaso				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
	First Foundation Bank			
Mailing Address	2233 Douglas Blvd., Ste 300			
	Roseville CA 95661			
	CITY STATE ZI	P CODE		
Name of Bank, Depository, etc.				
Mailing Address				
	CITY STATE ZI	P CODE		

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend to Update Treasurer

Form/Schedule: Transaction ID: