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) over the lines. is changed) San Benito County Democratic Central Committee 506 Line Street ADDRESS (number and street) (Check if address is changed) Hollister 95023 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sbdemocrats@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2017 C00496521 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. Morris, Kathi, , , Type or Print Name of Treasurer Morris, Kathi, , , [Electronically Filed] 05 2017 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

FFC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	1 ago 2
Candidat	te 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		_
(d) x	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nnected 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.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.		
4.		

	550 5 1	4 (Davids of 00/0000)	David 2
W	/rite or Type Comn	1 (Revised 02/2009) mittee Name	Page 3
		to County Democratic Central Committee	
6.		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	_	officered organization, Anniated Committee, John Fundralising Representative, or Leadersing	71 AO SPONSOI
L	one		
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
'.	Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the person in posseds.	ession of committee
	Full Name	Morris, Kathi, , ,	
	Mailing Address	991 Trinity Drive	
	Walling Address		
		Hollister CA 95023	
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Re	cords Telephone number 831 - 26	51 7646
3.		ne name and address (phone number optional) of the treasurer of the committee; and the name gent (e.g., assistant treasurer).	and address of
	Full Name	Morris, Kathi, , ,	1
	of Treasurer	991 Trinity Drive	
	Mailing Address		
		Hollister CA	
			P CODE
	Title or Position Treasurer		
1			ŗ

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of Designated Agent No.	one, , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Dep safety deposit boxes Name of Bank, Depos	ository, etc.	
safety deposit boxes Name of Bank, Depos		93421
Name of Bank, Depos	abo Bank Post Office Box 6002	93421 ZIP CODE
Name of Bank, Depos	Post Office Box 6002 Arroyo Grande CITY STATE	
Name of Bank, Deposition Name of Bank, Deposit	Post Office Box 6002 Arroyo Grande CITY STATE	
Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	Post Office Box 6002 Arroyo Grande CITY STATE psitory, etc.	