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) over the lines. is changed) San Francisco Democratic County Central Committee 100 Broadway Street ADDRESS (number and street) (Check if address is changed) San Francisco 94111 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS filings@seowenscompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sfdemocrats.org (Check if address is changed) DATE 2019 C00392928 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. Owens, Stacy, , , Type or Print Name of Treasurer Owens, Stacy, , , [Electronically Filed] 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

Local 202-694-1100

	FFC F a	4 (Parisad 02/2000)	Dogo 2
		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(Domogratio
(d)	×	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 secommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

10	FEC Form 1 (Revised (Page 3
	rite or Type Committee Name		
		Democratic County Central Committee	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N	one 		
	Mailing Address		
		CITY STATE ZII	P CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Owens, St	acy, , ,	
	Full Name	1390 Market Street, Suite 200	
	Mailing Address		
		San Francisco CA 94102	
		OAT TURISON	
	Title or Position	CITY STATE ZIF	CODE
	Custodian of Records	Telephone number 510 – 42	3 - 4300
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Alexander, of Treasurer	Alysabeth, , ,	
	Mailing Address	100 Broadway Street	
		San Francisco CA 94111	
	Title or Position Treasurer	CITY STATE ZIF Telephone number	P CODE

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Full Name of Designated Agent	wens, Stacy, , ,	
Mailing Address	1390 Market Street, Suite 200	
	San Francisco CITY STATE Z	
Title or Position Assistant Treasurer		23 - 4300
safety deposit boxes Name of Bank, Dep	positories: List all banks or other depositories in which the committee deposits funds, holds or maintains funds. ository, etc. irst Republic Bank	accounts, rents
Mailing Address	44 Montgomery Street	
	San Francisco CA 94104	
	CITY STATE Z	ZIP CODE
Name of Bank, Dep	ository, etc.	
L		
Mailing Address		
	CITY STATE Z	ZIP CODE

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or(h). Joint Fundraisin	ng Particinant			
1.	y i ai deipaile.		FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name of Any Connected	Organization, Affiliated (Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliate	ed Committee Joint I	Fundraising Representa	Leadership PAC Sponso
Baraka, I Full Name	Keith, , ,			
Mailing Address				
Mailing Address				
Mailing Address	San Francisco		CA	94111
	San Francisco	ITY A	CA STATE A	94111
Mailing Address TITLE OR POSITION POF	San Francisco	I	STATE ▲	
TITLE OR POSITION POF Banks or Other Deposito safety deposit boxes or ma	San Francisco C ries: List all banks or other	Tele	STATE ▲ ephone Number	ZIP CODE ▲

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5(g)	or(h). Joint Fundraisi i	ng Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
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	Mailing Address			
	Relationship:	OUTV		7ID 00D5 +
	neialionship.	CITY A	STATE ▲	ZIP CODE ▲
8.	= =	y by name, address (phone number – optional)		
8.	= =	y by name, address (phone number – optional) rances, , ,		
8.	Hsieh, F			
8.	Hsieh, F Full Name	rances, , ,		
8.	Hsieh, F Full Name	rances, , ,	CA	94111
8.	Hsieh, F Full Name	rances, , , , 100 Broadway Street San Francisco		
8.	Hsieh, F Full Name	rances, , , 100 Broadway Street San Francisco CITY	STATE A	94111 ZIP CODE A 115 626 1161
8.	Hsieh, F Full Name Mailing Address	rances, , , 100 Broadway Street San Francisco CITY	STATE ▲	ZIP CODE ▲
	Hsieh, F Full Name	rances, , , 100 Broadway Street San Francisco CITY ▲ Topories: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 115 - 626 - 1161
	Hsieh, F Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposite safety deposit boxes or m	rances, , , 100 Broadway Street San Francisco CITY ▲ Topories: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 115 - 626 - 1161
9.	Hsieh, F Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposite safety deposit boxes or m Name of Bank, Wells	Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE ▲ 115 - 626 - 1161
	Hsieh, F Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	Targo Bank 100 Broadway Street San Francisco CITY ▲ CITY ▲ Transportes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE ▲ 115 - 626 - 1161
	Hsieh, F Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	Targo Bank 100 Broadway Street San Francisco CITY ▲ CITY ▲ Transportes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE ▲ 115 - 626 - 1161

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h). Joint Fundraising	Participant:	
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number C
	4.		FEC ID number
6. N	ame of Any Connected C	rganization, Affiliated Committee, Joint Fundraisi	ing Representative, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fu	ndraising Representative Leadership PAC Sponsor
_			
8. D	esignated Agent: Identify DeJesus, F Full Name	by name, address (phone number – optional) Petra, , , Broadway Street	
8. D	DeJesus, F	Petra, , ,	
8. Di	DeJesus, F	Petra, , ,	CA 94111
8. D	DeJesus, F Full Name	Petra, , , Broadway Street San Francisco	
8. D	DeJesus, F	Petra, , , Broadway Street San Francisco CITY	CA 94111 STATE ▲ ZIP CODE ▲ hone Number 415 - 626 - 1161
9. B	DeJesus, F Full Name Mailing Address TITLE OR POSITION POF Anks or Other Depositorion afety deposit boxes or main	Broadway Street San Francisco CITY Telep es: List all banks or other depositories in which the ntains funds. public Bank 44 Montgomery Street	STATE A ZIP CODE A hone Number 415 - 626 - 1161 committee deposits funds, holds accounts, rents
9. B sa	DeJesus, F Full Name Mailing Address TITLE OR POSITION POF anks or Other Depositoricatety deposit boxes or main ame of Bank, epository, etc.	Broadway Street San Francisco CITY Telep es: List all banks or other depositories in which the nains funds.	STATE A ZIP CODE A hone Number 415 - 626 - 1161

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		or other depositories in			
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		or other denositories in	which the comm	ttee deposi	ts funds, holds accounts. rer
			Telephone N	lumber	415 - 626 - 11
TITLE OR POSITION	•	CITY A		STATE A	ZIP CODE ▲ 415 626 1
	San Francisco			CA	94111
	Son Francisco			C^	04111
Mailing Address	100 Bloadway S	Jugget			
Full Name	100 Broadway S	Street			
esignated Agent: Identify Gupta, Pra		s (phone number – optio	nal)		
Connected	Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC S
Relationship:		CITY A		STATE A	ZIP CODE ▲
Mailing Address					
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3. <u> </u>			ـــا FEC II	O number	С
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h). Joint Fundraisin	g Participant:		
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3.		FEC ID numbe	r C
4.		FEC ID numbe	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representat	ive, or Leadership PAC Spon
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connected	d Organization Affiliated Committee Jo	oint Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify Alexande	Affiliated Committee Joby by name, address (phone number – optional)	oint Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	oint Fundraising Represe	Leadership PAC S
esignated Agent: Identify Alexande Full Name	by name, address (phone number – optional) r, Alysabeth, , ,	oint Fundraising Represe	Leadership PAC S
esignated Agent: Identify Alexande Full Name	by name, address (phone number – optional) r, Alysabeth, , , 100 Broadway Street San Francisco	oint Fundraising Represe	Leadership PAC S
esignated Agent: Identify Alexande Full Name Mailing Address	by name, address (phone number – optional) or, Alysabeth, , , 100 Broadway Street San Francisco		94111
esignated Agent: Identify Alexande Full Name	by name, address (phone number – optional) or, Alysabeth, , , 100 Broadway Street San Francisco	CA	94111
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Alexande Full Name Mailing Address TITLE OR POSITION POF anks or Other Depositor ane of Bank, epository, etc.	ries: List all banks or other depositories in which	CA STATE Telephone Number	94111
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising	Faiticipant.		
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2.		FEC ID number	er C
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Mailing Address			
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Repres	entative Leadership PAC S
esignated Agent: Identify Campos, D Full Name	by name, address (phone number – option David, , ,		entative Leadership PAC S
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esignated Agent: Identify Campos, D Full Name	by name, address (phone number – option pavid, , ,	al)	
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esignated Agent: Identify Campos, E Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – option David, , , 100 Broadway Street San Francisco	al)	94111 ZIP CODE A
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h). Joint Fundraising	Participant:			
1.		FEC	C ID number	C
2.		FEC	D ID number	C
3.		FEC	D ID number	С
4.		FEC	C ID number	С
ame of Any Connected O	ganization, Affiliated Committee	, Joint Fundraising	Representativo	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	y name, address (phone number		sing Representa	Leadership PAC S
esignated Agent: Identify be LaCroix, Le	y name, address (phone number ah,,,		sing Representa	Leadership PAC S
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esignated Agent: Identify be LaCroix, Le Full Name Mailing Address	y name, address (phone number ah, , , , 100 Broadway Street San Francisco	- optional)	CA STATE A	94111
esignated Agent: Identify to LaCroix, Let Full Name Mailing Address TITLE OR POSITION POF	y name, address (phone number ah, , , 100 Broadway Street San Francisco CITY s: List all banks or other depositor	- optional) Telephone	CA STATE A	94111 ZIP CODE A
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