PAGE 1/6 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) Santa Barbara County Democratic Central Committee Federal PAC 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 COMMITTEE'S WEB PAGE ADDRESS (URL) www.sbdems.org (Check if address is changed) DATE 25 2018 C00427856 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. Copeland, Rita, , , Type or Print Name of Treasurer Copeland, Rita, , , [Electronically Filed] 01 25 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:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

1	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE c 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.)	plete the candidate
Nam Cano	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 didate		
Par	ty Con	nmittee:	Domocratic
(d)	×	CLID ' ' 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 control	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.		
	2.		
	3.	FEC ID number C	
	4.		

_		
FFC Forms 4 /Davidson	4 03/3000)	Daga <b>2</b>
FEC Form 1 (Revise Write or Type Committee Na		Page <b>3</b>
_		sittaa Eadaral DAC
	a County Democratic Central Comm	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
None		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number optional) and position of t	the person in possession of committee
Copelar Full Name	nd, Rita, , ,	
	5429 Madison Avenue	
Mailing Address		
	Sacramento	. , ,95841
Title or Position	CITY STATE	E ZIP CODE
Custodian of Records	Telephone number	916 348 9100
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the comm., assistant treasurer).	nittee; and the name and address of
	amirez, Lucille, , ,	
of Treasurer	J5429 Madison Avenue	
Mailing Address		
	L Sagramento	
	Sacramento CA CITY STATE	
Title or Position Treasurer	I	, 916 <sub>  1</sub> 348 <sub>  1</sub> 9100 <sub> </sub>

916

Telephone number

348

9100

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	opeland, Rita, , ,	
Mailing Address	5429 Madison Avenue	
	Sacramento CITY STATE 2	ZIP CODE
Title or Position Assistant Treasurer	Telephone number 916 - 3	348   9100
	positories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
safety deposit boxes  Name of Bank, Depo	ository, etc.	
Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	irst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CA 95661	ZIP CODE
Name of Bank, Depo	rirst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE	ZIP CODE
Name of Bank, Depo	irst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE csitory, etc.	ZIP CODE
Name of Bank, Depo	irst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE csitory, etc.	ZIP CODE
Name of Bank, Depo	irst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE csitory, etc.	ZIP CODE

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amend to Update Banking Information

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_

5(g) (	or(h). <b>Joint Fundraisin</b> g	ı Participant:		
	1.			С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional) dis, Gail, , ,		
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Teton-Lan	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Teton-Lan  Full Name	by name, address (phone number – optional) dis, Gail, , ,		
8.	Designated Agent: Identify  Teton-Lan  Full Name	by name, address (phone number – optional) dis, Gail, , ,	CA	93110
8.	Designated Agent: Identify  Teton-Lan  Full Name  Mailing Address	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara		93110 ZIP CODE <b>A</b>
8.	Designated Agent: Identify  Teton-Lan  Full Name	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara  CITY	CA STATE A	
	Designated Agent: Identify Teton-Lan Full Name Mailing Address  TITLE OR POSITION POF	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara  CITY   Te  ies: List all banks or other depositories in which	STATE A  lephone Number	ZIP CODE ▲  05
9.	Designated Agent: Identify Teton-Lan Full Name Mailing Address  TITLE OR POSITION POF Banks or Other Depositorisafety deposit boxes or mai	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara  CITY   Te  ies: List all banks or other depositories in which	STATE A  lephone Number	ZIP CODE ▲  05
	Designated Agent: Identify Teton-Lan Full Name Mailing Address  TITLE OR POSITION POF Banks or Other Depositorisafety deposit boxes or mai Name of Bank, Depository, etc.	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara  CITY   Te  ies: List all banks or other depositories in which	STATE A  lephone Number	ZIP CODE ▲  05
	Designated Agent: Identify Teton-Lan Full Name Mailing Address  TITLE OR POSITION POF Banks or Other Depositorisafety deposit boxes or mai Name of Bank, Depository, etc.	by name, address (phone number – optional) dis, Gail, , ,  4450 Via Alegre  Santa Barbara  CITY   Te  ies: List all banks or other depositories in which	STATE A  lephone Number	ZIP CODE ▲  05