| FEC FORM 1 | STATEMEN ORGANIZ | - | PAGE 1 / 4 |
|---|-------------------------------|--|---|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 |
| San Benito Cour | ity Democratic C | |) |
| ADDRESS (number and street) | 506 Line Street | | |
| (Check if address is changed) | Hollister | | CA 95023 STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | ESS | | |
| (Check if address is changed) | sbdemocrats@gmail.co | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) | | |
| | D / Y Y Y Y 2016 | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | 00496521 | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of Treasure | er de Bertaut, Carmel, , , | | |
| Signature of Treasurer | ertaut, Carmel, , , | [Electronically Filed] | Date 12 / D D / Y Y Y Y 12 31 2016 |
| NOTE: Submission of false, error | | may subject the person signing t ON SHOULD BE REPORTED W | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | | For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | |

Image# 201701319042185442

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|----------------------------|---|--------------------------------------|
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| TYPE OF | COMMITTEE | |
| Candida | 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. (Comp information below.) | plete the candidate |
| Name of Candidate | | <u></u> |
| Candidate Party Affilia | tion Office Sought: House Senate President | State C/ District |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Co | mmittee: | |
| (d) X | | Democratic, Republican, etc.) Par |
| Political | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected organization is |
| | 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 seg committee. (i.e., nonconnected committee) | gregated fund or par |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fur | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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 |
| Co | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |
| | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

San Benito County Democratic Central Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| None | | | |
|----------------------|--|-------------------------------|------------------------|
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| | I Organization Affiliated Committee Joir | at Fundraising Representative | Leadership PAC Sponsor |
| books and records. | | | |
| | , Carmel, , , | | |
| Full Name | Post Office Box 1135 | | |
| 0 | | | |
| | Tres Pinos | CA 950 | 175 |
| Title or Position | CITY | STATE | ZIP CODE |
| Custodian of Records | | elephone number | |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | de Bertaut, Carmel, , , | | |
|--------------------------------|--|---|-------------|
| Mailing Address | Post Office Box 1135 | | |
| | | | |
| | Tres Pinos CA 95075 – / <th <="" th=""> <th <="" th=""> / <</th></th> | <th <="" th=""> / <</th> | / < |
| | CITY STATE ZIP CODE | | |
| Title or Position Treasurer | 1 1 1 1 1 1 1 1 7647 1 1 1 1 1 1 1 1 1 | | |

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| Full Name of Designated Agent | None, , , , | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------|--|--|--|--|-----|---|--|--|--|------|-----|-----|------|-----|-----|-----|--|--|--|----|-----|----|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |]- | | | |
| | | | | | | CIT | Y | | | | | | | | | STA | λΤΕ | | | | ZI | D C | OD | Е | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

9. 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.

| Rabo I | 3ank | | |
|---------------------------|----------------------|---------|----------|
| Mailing Address | Post Office Box 6002 | | |
| | | | |
| | Arroyo Grande | CA 9342 | 1 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |