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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. Democratic Women of the Desert PO Box 6207 ADDRESS (number and street) (Check if address is changed) La Quinta 92248 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@deaneandcompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.democraticwomenofthedesert.com (Check if address is changed) DATE 2014 C00416347 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Shawnda Deane Type or Print Name of Treasurer Shawnda Deane [Electronically Filed] 01 13 2014 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Compleinformation below.)	ete the candidate
Nam Can	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)	\times	CLID ' ' DEM ' '	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	_abor 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 segr committee. (i.e., nonconnected committee)	egated 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	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

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Write or Type Committee Na	me		
Democratic W	omen of the Desert		
6. Name of Any Connected	d Organization, Affiliated Committee,	Joint Fundraising Representat	tive, or Leadership PAC Sponsor
Democratic State Ce	entral Committee of Californi	a 	
Mailing Address	1401 21st Street, Suite 200		
3			
	Sacramento	CA	95811
	CITY	STATI	ZIP CODE
_	_	_	_
Relationship: Connec	ted Organization X Affiliated Committee	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: Ic books and records. 	dentify by name, address (phone numbe	er optional) and position of th	ne person in possession of committee
Shawnd Full Name	da Deane		
	1787 Tribute Road, Suite K		
Mailing Address			
	Sacramento	, CA	, 95815
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	916 - 285 - 5733
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) ., assistant treasurer).	of the treasurer of the commit	ttee; and the name and address of
Full Name Barbara of Treasurer	Liner		
Mailing Address	PO Box 6207		
	La Quinta		92248
T11 D 11	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	760 - 564 - 2999

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Full Name of Designated	Shawnda Deane				
Agent					
Mailing Address	1787 Tribute Ro	oad, Suite K			
	Sacramento		CA	95815	;
		CITY	STATE		ZIP CODE
Title or Position Assistant Treas	rer		Telephone number	916 – [285
Ranks or Other	Damaaitaniaa, List all banks			seite funde ho	lds accounts rents
safety deposit be Name of Bank,	xes or maintains funds. Depository, etc.		which the committee depo	isits fullus, fio	ido decodina, rema
safety deposit be	xes or maintains funds.		which the committee depo	Jaka Tunus, no	inas accounts, rents
safety deposit be	xes or maintains funds. Depository, etc.	nk	which the committee depo	January Ho	
safety deposit be Name of Bank,	ces or maintains funds. Depository, etc. Community 1st Bai	nk	which the committee depo	isits funds, no	
safety deposit be Name of Bank,	ces or maintains funds. Depository, etc. Community 1st Bai	nk	which the committee depo	95661	
safety deposit bo Name of Bank,	ces or maintains funds. Depository, etc. Community 1st Bar 2250 Douglas E	nk			ZIP CODE
safety deposit be Name of Bank,	Community 1st Bar 2250 Douglas E	nk 	CA		
safety deposit be Name of Bank, Mailing Address	Community 1st Bar 2250 Douglas E	nk 	CA		
safety deposit be Name of Bank, Mailing Address	Community 1st Bai 2250 Douglas E Roseville Pepository, etc.	nk Blvd., Suite 190 CITY	CA		
safety deposit be Name of Bank, Mailing Address Name of Bank,	Community 1st Bar 2250 Douglas E Roseville Po Box 512380	nk Blvd., Suite 190 CITY	CA	95661	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Community 1st Bar 2250 Douglas E Roseville Po Box 512380	nk Blvd., Suite 190 CITY	CA	95661	