FEC

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Californians for a Democratic Congress 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) (Check if address is changed) DATE 31 2018 C00633321 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 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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) x	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.)	
Joint Fund	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
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		<u> </u>
Californians for	a Democratic Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
_	CITY	ZIF CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Copeland,	Rita, , ,	
Full Name	5429 Madison Avenue	1
Mailing Address		
	Sacramento CA 95841	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
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 naissistant treasurer).	me and address of
Full Name Copeland, of Treasurer	Rita, , ,	
Mailing Address	5429 Madison Avenue	
	Sacramento	
Title or Position	CITY STATE	ZIP CODE
Treasurer		

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Lewis, Denise, , ,	
Agent	5429 Madison Avenue	
Mailing Address	3-23 Madison Avenue	
	Sacramento CA 95841 CITY STATE Z	ZIP CODE
Title or Position		
Assistant Treas	urer	48 9100
Name of Bank, Mailing Address	Pirst Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CA 95661	
	CITY STATE 2	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE 2	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

Amend to Update Bank Name and Add Assistant Treasurer

Form/Schedule: Transaction ID: