## **STATEMENT OF**

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
SLO County D	emocratic Party-Federal			
ADDRESS (number and s	street) 1406 Broad Street			
(Check if address				
is changed)	San Luis Obispo		J CA	93406   -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	•		
(Check if address is changed)	campaigns@rcbs.u	IS		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)	1			
2. DATE M M M O 6	/ D D / Y Y Y Y Y Y Y 15			
3. FEC IDENTIFICA	TION NUMBER	C C00276659	•	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	)	
I certify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer Rita Copeland			
Signature of Treasurer	Electronically Filed by Rita Cop	eland	Date 0 6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information m	nay subject the person signing this	•	
Office Use Only		For further informat Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

		FEC F	orm 1 (Revised 02/2009)	Page <b>2</b>			
5.	TYPE OF COMMITTEE (Check One)  Candidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information by	pelow.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate			
	Name Cand						
	Cand Party	idate Affiliati	Office Sought: House Senate	State President District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee	эе.			
	Name Cand			Sought: House Senate President District  Orts/opposes only one candidate, and is NOT an authorized committee.  SUB (National, State (or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.  Experimental experiments of the DEM (Democratic) Party.  Experimental			
	Party	Comm					
	(d)	X	SUB				
	Politi	cal Act	ion Committee (PAC):				
	(e)			Its connected organization is a:			
			Corporation Corporation w/o Capital Stock	Labor Organization			
				H			
			Membership Organization Trade Association	Cooperative			
	(6)	_	In addition, this committee is a Lobbyist/Registrant PAC.				
	(†)	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
_							
	Joint I	Fundra	ising Representative:				
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.				
		Com	mittees Participating in Joint Fundraiser				
			1. FEC ID number				
			2. FEC ID number				
			3. FEC ID number				
			4. FEC ID number				

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W	rite or Type Committee Name				
	SLO County Democration	c Party-Federal			
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Represe	entative, or Leade	rship PAC Sponsor
	None				
	Mailing Address				
		CITY		STATE A	ZIP CODE
	Relationship:				
	Connected Organization	Affiliated Committee	Joint Fundraising Rep	oresentative	Leadership PAC Sponsor
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name Rita Co	ppeland			
	Mailing Address 5429 Madison Avenue		Avenue		
		Sacramento		_CA	95841
	Title or Position ▼	CITY A		STATE	ZIP CODE A
	Custodian	of Records	Telephone nui	mber <b>916</b>	- <u>348</u> - <u>9100</u>
8.	name and address of any	and address (phone number - designated agent (e.g., assis		er of the commit	tee; and the
	Mailing Address	5429 Madison Avenue			
		Sacramento		CA	95841
	Title or Position ♥	CITY A	ı	STATE	ZIP CODE A
	Treasurer		_ Telephone nu	mber916	_ 348 _ 9100

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Full Name of Designated Agent	Marilyn Armstrong				
Mailing Address	4900 Davenport Creek Rd				
	San Luis Obispo	CA	93401 –		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
Assistant	Treasurer	Telephone number 805			
Name of Bank, Depository, e  Comi	munity 1st Bank  2250 Douglas Blvd., Ste 190				
	Roseville	ÇA	95661		
	CITY 🔼	STATE <b>△</b>	ZIP CODE 🛕		
Name of Bank, Depository, e	tc.				
Mailing Address					
	CITY 🙇	STATE <b>△</b>	ZIP CODE 🛕		

 $\textbf{A.} \;\; \text{Form/Schedule}: \;\; \textbf{F1A}$ 

Transaction ID:

Amend Banking Information