PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) San Joaquin County Democratic Central Committee P.O. Box 78061 ADDRESS (number and street) (Check if address is changed) Stockton 95207 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SJCDCCFed@deaneandcompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sjcdems.org (Check if address is changed) DATE 2017 C00529891 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. Deane, Shawnda, , , Type or Print Name of Treasurer Deane, Shawnda, , , [Electronically Filed] 03 2017 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
		OMMITTEE .	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/20	09)		Page 3
Write or Type Committee Name	30)		r age c
•	nty Democratic Centra	al Committe	e
•	ization, Affiliated Committee, Joint Fund		
None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected Org	anization Affiliated Committee Join	nt Fundraising Represer	tative Leadership PAC Sponsor
 Custodian of Records: Identify b books and records. 	y name, address (phone number optior	nal) and position of the	person in possession of committee
Deane, Shawno	la, , ,		
Full Name 178 Mailing Address	37 Tribute Road, Suite K		
Walling Address			
 Sa	cramento	CA	95815
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	т	elephone number	916 - 285 - 5733
Treasurer: List the name and add any designated agent (e.g., assist)	lress (phone number optional) of the tre ant treasurer).	easurer of the committe	e; and the name and address of
Full Name Deane, Shawnd	a, , ,		
	7 Tribute Road, Suite K		
Sa	cramento	CA	95815
Title or Position	CITY	STATE	ZIP CODE
Title or Position Treasurer		elephone number	916 - 285 - 5733

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rec FOII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Elliott, Renee, , ,	
Mailing Address	739 Loretta Court	
g		
	Stockton	95207
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Z	209 - 649 - 7051
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds. Depository, etc.	
safety deposit bo	oxes or maintains funds. Depository, etc. Community 1st Bank	
safety deposit bo	oxes or maintains funds. Depository, etc. Community 1st Bank 1601 Response Road, Suite 190	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Community 1st Bank 1601 Response Road, Suite 190	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Community 1st Bank 1601 Response Road, Suite 190	95815
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safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Community 1st Bank 1601 Response Road, Suite 190 Sacramento CITY STATE	95815 ZIP CODE
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Community 1st Bank 1601 Response Road, Suite 190 Sacramento CITY STATE Depository, etc.	95815 ZIP CODE
Name of Bank, I	Depository, etc. Community 1st Bank 1601 Response Road, Suite 190 Sacramento CITY STATE Depository, etc.	95815 ZIP CODE
Name of Bank, I	Depository, etc. Community 1st Bank 1601 Response Road, Suite 190 Sacramento CITY STATE Depository, etc.	95815 ZIP CODE