

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

San Francisco Democratic County Central Committee

ADDRESS (number and street) 645 Harrison Street #200

(Check if address is changed)

San Francisco

CITY ▲

CA

STATE ▲

94107

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

stacy@hlgcpa.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.sfdemocrats.org

2. DATE

MM / DD / YYYY
02 / 15 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00392928

4. 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.

Type or Print Name of Treasurer Owens, Stacy, , ,

Signature of Treasurer

Owens, Stacy, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 15 / 2017

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 Use Only				
-----------------	--	--	--	--

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State CA District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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) 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 Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

San Francisco Democratic County Central Committee

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

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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 Owens, Stacy, , ,

Mailing Address 5940 College Avenue

Oakland

CA

94618

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 510 - 652 - 1000

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 Alexander, Alysabeth, , ,

Mailing Address 645 Harrison Street #200

San Francisco

CA

94107

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 415 - 626 - 1161

Full Name of Designated Agent

Owens, Stacy, , ,

Mailing Address

5940 College Avenue

Oakland

CITY

CA

STATE

94618

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

510

652

1000

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.

Wells Fargo Bank

Mailing Address

468 Columbus Avenue

San Francisco

CITY

CA

STATE

94133

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

The committee has changed officers.

Form/Schedule:

Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Wells Fargo Bank

Mailing Address

10 Chestnut Avenue

S. San Francisco

CA

94080

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Baraka, Keith, , ,

Mailing Address

645 Harrison Street #200

San Francisco

CA

94107

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF

Telephone number

415

626

1161

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C []

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Hsieh, Frances, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA 94107 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number 415 - 626 - 1161

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

DeJesus, Petra, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA 94107 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number 415 - 626 - 1161

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Gupta, Pratima, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA 94107 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number 415 - 626 - 1161

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Alexander, Alysabeth, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA _____ 94107 _____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number _____ 415 - _____ 626 - _____ 1161

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Wu, Cindy, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA 94107 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number 415 - 626 - 1161

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

LaCroix, Leah, , , _____

Mailing Address

645 Harrison Street #200 _____

San Francisco _____ CA _____ 94107 _____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF _____

Telephone number _____ 415 - _____ 626 - _____ 1161

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C [_____]