

# 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

Solano United-SCDCC Federal Account

ADDRESS (number and street)

Post Office Box 1349

(Check if address is changed)

Vallejo

CITY ▲

CA

STATE ▲

94590

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

campaigns@rcbs.us

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.solanodemocrats.com

2. DATE

03 / 18 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00455865

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 Lewis, Denise, , ,

Signature of Treasurer

Lewis, Denise, , ,

[Electronically Filed]

Date

03 / 18 / 2020

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  SUB (National, State or subordinate) committee of the  DEM (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

# Solano United-SCDCC Federal Account

**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 Lewis, Denise, , ,

Mailing Address 5429 Madison Avenue

Sacramento

CA

95841

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 916 - 348 - 9100

**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 Bauer, Paula K., , ,

Mailing Address 726 Pennsylvania Street

Vallejo

CA

94590

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 415 - 516 - 2805

Full Name of Designated Agent Lewis, Denise, , ,

Mailing Address 5429 Madison Avenue

[Empty address line]

Sacramento CA 95841

CITY

STATE

ZIP CODE

Title or Position Assistant Treasurer

Telephone number 916 - 348 - 9100

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.

First Foundation Bank

Mailing Address 2233 Douglas Boulevard, Suite 300

[Empty address line]

Roseville CA 95661

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

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 :

Amend to Correct Type of Committee

Form/Schedule:  
Transaction ID: