Only

PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Santa Barbara County Democratic Central Committee Federal PAC 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) www.sbdems.org (Check if address is changed) DATE 2016 C00427856 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. Rita Copeland Type or Print Name of Treasurer Rita Copeland [Electronically Filed] 04 2016 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

Local 202-694-1100

FFC	Form 1 (Revised 02/2009)	Page 2
TYPE C	F 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. (Cominformation below.)	nplete the candidate
Name of Candida		
Candida Party Af	- · · · · · · · · · · · · · · · · · · ·	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (Committee: (National, State	(Domogratic
(d)	This committee is a SUB or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (i.e., nonconnected committee)	egregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
(Committees Participating in Joint Fundraiser	
1	. FEC ID number	
2	.	
3	.	
	.	

Г		
FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Santa Barbara	County Democratic Central Committee Fede	ral PAC
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
None		
Mailing Address		
		-
	CITY STATE ZIF	P CODE
Deletionship. Connected	Organization Affiliated Committee	rship PAC Sponsor
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	Ship PAC Sponsor
books and records. Rita Copel Full Name	and 	
Mailing Address		
	Sacramento , CA , 95841	
	Sacramento CA 95841	
Title or Position	CITY STATE ZIP	CODE
Custodian of Records		9100
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Lucille Bos	s Ramirez	
Mailing Address	5429 Madison Avenue	
	Sacramento CA 95841	-
	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number 916 348	9100

Telephone number

FEC For n	1 (Revised 02/2009)	Page 4			
Full Name of Designated	Rita Copeland				
Agent					
Mailing Address	5429 Madison Avenue				
	Sacramento CA 95841				
	CITY STATE	ZIP CODE			
Title or Position Assistant Treas	rer Telephone number	348 9100			
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. Community 1st Bank					
Mailing Address	2250 Douglas Blvd., Suite 190				
	Roseville CA 95661				
	CITY STATE	ZIP CODE			
Name of Bank, I	Depository, etc.				
Mailing Address					
Mailing Address					
Mailing Address					

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID :

Amend Party Type

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [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** Daraka Larimore Hall Full Name P.O. Box 22435 Mailing Address Santa Barbara CA 93121 Title or Position CITY # **STATE** ZIP CODE POF 818 260 Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number