FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | (See instructions) | |
|-------------------------------|---|--------------------------|
| NAME OF COMMITTEE (in f | (Check if name Example: If typying, type | Office use only 12FE4M5 |
| Riverside Cou | nty Democratic Central Committee | |
| | | |
| ADDRESS (number and s | 871 Alder Street | |
| (Check if address | | |
| X is changed) | Corona | CA 92879 _ 3002 |
| | CITY | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) | |
| (Check if address is changed) | dennis1000@peoplepc.com | |
| | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | |
| (Check if address | | |
| is changed) | | |
| | | |
| 2. DATE 0 9 | 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| 3. FEC IDENTIFICA | TION NUMBER C C00396994 | |
| 4. IS THIS STATEM | NEW (N) OR AMENDED (A) | |
| I certify that I have examin | ned this Statement and to the best of my knowledge and belief it is true, correct a | nd complete |
| | Mr. Barrie I Milita | |
| Type or Print Name of | TreasurerMr. Definis J. Writte | |
| Signature of Treasurer | Electronically Filed by Mr. Dennis J. White | Date 09 / 20 / Y Y Y Y |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this Stat | |
| Office Use Only | For further information Federal Election Commis Toll Free 800-424-9530 | |

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|---|----------------------------|--|---|--|--|--|
| 5. | | COMMITTEE (Check One) 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 th information below.) | e candidate | | | |
| | Name of Candidate | | | | | |
| | Candidate Party Affilia | tion Office Sought: House Senate President | State District | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | Name of Candidate | | | | | |
| | Party Com | | | | | |
| | (d) X | This committee is a (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | |
| | Political Ac | ction Committee (PAC): | | | | |
| | l organization is a: | | | | | |
| | | Corporation Corporation w/o Capital Stock Lab | or Organization | | | |
| | | Membership Organization Trade Association Co | operative | | | |
| | | 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 committee. (i.e., nonconnected committee) | 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 Fundr | aising 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. 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. | | | | |
| | (h) | | | | | |
| | Con | nmittees Participating in Joint Fundraiser | | | | |
| | | 1. FEC ID number | | | | |
| | | 2. FEC ID number C | | | | |
| | | 3 FEC ID number C | | | | |
| | | FEC ID number C | | | | |

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|---------------------------------|--|---------------------------|-------------------|----------------------------|--|--|
| Write or Type Committee Name | | | | | | |
| Riverside County Demo | ocratic Central Committee | | | | | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, . | Joint Fundraising Represe | entative, or Lead | ership PAC Sponsor | | |
| NONE | | | | | | |
| | | | | | | |
| Mailing Address | | 1 1 1 1 1 1 1 1 1 | | | | |
| | | | | | | |
| | | | | | | |
| | CITY▲ | | STATE A | ZIP CODE | | |
| Relationship: | | | | | | |
| Connected Organization | Affiliated Committee | Joint Fundraising Re | presentative | Leadership PAC Sponsor | | |
| | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. | | | | | |
| Full Name Mr. De | Mr. Dennis J. White Full Name | | | | | |
| Mailing Address | 871 Alder Street | : | | | | |
| | Corona | | CA | 92879 | | |
| Title or Position ▼ Controller | CITY A | Telephone nu | STATE mber 951 | ZIP CODE 4 - 371 - 4516 | | |
| name and address of any | 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 Mr. De | ennis J. White | | | | | |
| Mailing Address | 871 Alder Stree | t | | | | |
| | Corona | | CA | 92879 | | |
| Title or Position ♥ | CITY A | | STATE | ZIP CODE A | | |
| Controlle | r-Treasurer | Telephone nu | umber951 | _ 371 _ 4516 | | |

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|----|-------------------------------------|----------------|------------|----------------------------|---------------------|---------------------|---------------------|--|
| | Full Name of Designated Agent | _ | | | | | | |
| | Mailing Address | s . | | | | | | |
| | | | | | | | | |
| | Title or Position ▼ | | | CITY A | | STATE A | ZIP CODE A | |
| | | | | | Telephone nun | nber | | |
| 9. | Banks or Other I | | | s or other depositories in | which the committee | deposits funds, hol | lds accounts, rents | |
| | Name of Bank, De | epository, etc | | | | | | |
| | | Bank o | of America | | 1 1 1 1 1 1 | | | |
| | Mailing Address | | 570 Hidden | Valley Parkway | | | | |
| | | | | | | | | |
| | | | Corona | | | CA | 92879 _ [| |
| | | | | CITY 🛕 | | STATE 4 | ZIP CODE 🛕 | |
| | Name of Bank, De | epository, etc | | | | | | |
| | | | | | | | | |
| | Mailing Address | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CITY 🔼 | | STATE △ | ZIP CODE 🛕 | |