PAGE 1 / 4 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) SAN BENITO COUNTY DEMOCRATIC CENTRAL COMMIT P.O. BOX 241 ADDRESS (number and street) (Check if address is changed) HOLLISTER 95024 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS monicaguaracha@gmail.com (Check if address is changed) Optional Second E-Mail Address sbcdemocrats@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.sanbenitodemocrats.org (Check if address is changed) DATE 2014 C00496521 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. Monica Denise Martinez-Guaracha Type or Print Name of Treasurer Monica Denise Martinez-Guaracha [Electronically Filed] 04 2014 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. FEC FORM 1

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

	FEC. Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye £
Can	ndidate	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.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)	X	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo 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 secommittee. (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.)	
Join	t Fund	raising 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.	vo 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

_		_
FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name	9	_
SAN BENITO (	COUNTY DEMOCRATIC CENTRAL COM	MITTEE
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
J		
	CITY STATE	ZIP CODE
Full Name Monica De Mailing Address	enise Martinez-Guaracha  59 Muckelemi Street  #121	
	San Juan Bautista CA 95045	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 831 - [	623 9987
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Monica De	enise Martinez-Guaracha	
Mailing Address	59 Muckelemi Street	
	<u> </u> #121	
	San Juan Bautista	

CITY

STATE

Telephone number

831

ZIP CODE

9987

623

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit	tory, etc.  bobank	
Name of Bank, Deposit	tory, etc.  bobank	95023
Name of Bank, Deposit	bobank 491 Tres Pinos Road	95023 ZIP CODE
Name of Bank, Deposit	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	
Name of Bank, Deposit Rak  Mailing Address	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	
Name of Bank, Deposit Rak  Mailing Address	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	bobank  491 Tres Pinos Road  Hollister  CITY  STATE	