PAGE 1/5 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Solano United-SCDCC Federal Account Post Office Box 1551 ADDRESS (number and street) (Check if address is changed) Vallejo 94590 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) (Check if address is changed) DATE 01 2018 C00455865 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. Copeland, Rita, , , Type or Print Name of Treasurer Copeland, Rita, , , [Electronically Filed] 80 2018 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 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	)	Page <b>2</b>			
TYPE OF COMMITTEE	,	, wyv <b>=</b>			
Candidate Committee:  (a) This committee is a p	principal campaign committee. (Complete the candidate information	below.)			
	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cand				
Name of Candidate					
Candidate Party Affiliation	Office Sought: House Senate Presi	State CA dent District			
(c) This committee support	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 (I	PAC):				
(e) This committee is a s					
Corporation	Corporation w/o Capital Stock	Labor Organization			
Membership	Organization Trade Association	Cooperative			
In add	dition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, thi	is committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Represent	ative:				
	ts contributions, pays fundraising expenses and disburses net proceed ions, at least one of which is an authorized committee of a federal can				
(h) This committee collects	es contributions, pays fundraising expenses and disburses net proceed ons, none of which is an authorized committee of a federal candidate.	ds for two or more political			
Committees Participating	ommittees Participating in Joint Fundraiser				
1. [	FEC ID number				
2.	FEC ID number				
3.					
	FEC ID number C				

	FFC Forms 1 (Davised C	22/2000)	Daga 2				
١٨٨	FEC Form 1 (Revised Committee Name		Page <b>3</b>				
	Write or Type Committee Name						
_		SCDCC Federal Account					
6.	Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor				
S	olano County Democ	ratic Central Committee SCDCC					
L							
	Mailing Address	2790 Vista Grande					
		Fairfield	CA				
		CITY	STATE ZIP CODE				
	Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor				
	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position	of the person in possession of committee				
	Copeland,	Rita, , ,					
	Full Name	5429 Madison Avenue					
	Mailing Address						
			0.0				
		Sacramento	CA 95841				
	Title or Position	CITY ST	TATE ZIP CODE				
	Custodian of Records	Telephone number	r 916 - 348 - 9100				
	<b>Treasurer:</b> 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 Bauer, Pau	ıla K., , ,	ı				
	of Treasurer	1720 Depositionis Street					
	Mailing Address	726 Pennsylvania Street					
			CA 94590 -   -				
	Title or Position Treasurer	Telephone number	. 415 516 2805 .				
		_ ·					

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated Agent	Copeland, Rita, , ,				
Mailing Address	5429 Madison Avenue				
	Sacramento CITY STATE	ZIP CODE			
Title or Position Assistant Treasu	urer Telephone number 916	348 9100			
safety deposit bo	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				
	Roseville CA 95661				
	CITY STATE	ZIP CODE			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY STATE	ZIP CODE			

## : 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 to Update Treasurer and Banking Address

Form/Schedule: Transaction ID: