FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		IIMAIIIZA	111011									
		(See instruction	ns)					Office	use only			
NAME OF COMMITTEE (in		(Check if name is changed)	Examp over the	le: If typying, e lines	, type	12FE	4M5	-				_
Democratic S	State Central Comn	nittee of CA - Fe	ederal	1111	111	1 1			1 1	ш_		Ш
	11111		<u> </u>	1111	111			1 1	1 1			Ш
ADDRESS (number an	d street)	21st Street, Sui	te 200		1 1 1	1 1	ш		1 1	ш		لـــ
X (Check if add	dress		шш				ш			ш	ш	Ш
is changed)	Sacra	mento				ÇA		ш	95811	] - [_	டட	Ш
COMMITTEE'S E-M.	AIL ADDRESS		CITY			STATE	•		ZIP C	ODE 4	•	
info@cadem.	.org			1 1 1 1	1 1 1	1 1 1		1 1	1.1	1 1	1 1	ıl
				1 1 11	1 1 1	1 1		1 1	1 1	1 1	1 1	 .
COMMITTEE'S WEE	B PAGE ADDRESS (UF	RL)										_
www.cadem	.org										ш	لــ
										ш_	ш	Ш
2. DATE M.1	M / D D / Y	Ý 0 Ý 7 Ý										
3. FEC IDENTIFIC	ATION NUMBER		C C0010	)5668								
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDE	ED (A)							
I certify that I have exar	mined this Statement and	to the best of my know	wledge and b	elief it is true	, correct and	d complet	е					
Type or Print Name of	of Treasurer K	atherine Moret										
Signature of Treasure	er Electronically Filed	by <b>Katherine</b>	Moret			Date	<sup>M</sup> 1 0	/	<b>19</b>	Y	Ý 0 0	<b>7</b>
NOTE: Submission of	false, erroneous, or incom	olete information may	•		•		·		2 U.S.C.	S437g.		
Office Use Only			Fe Te	or further infederal Electional Free 800-40cal 202-694-	n Commiss 24-9530				EC F	_		_

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5.	TYPE OF COMMITTEE (Check One)	
	(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 car information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) X This committee is a STA (National, State (or subordinate) committee of the DEM (Dem Repu	nocratic, ıblican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party
3.	Name of Any Connected Organization or Affiliated Committee  ASDC Partnership Program	
	430 South Capitol Street, S.E.	
	Mailing Address	
		)3
		P CODE A
	Relationship   Joint Fundraising Representative	. •••- <b></b> 
	Type of Connected Organization:	
	Corporation Corporation W/o Capital Stock Labor Organization	
	Membership Organization  Corporation Wo Capital Stock  Labor Organization  Trade Association  Cooperative	I
	ivierinoeratiip Organization Trade Association Cooperative	

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Write or Type Committee Na	me		
Democratic State C	entral Committee of CA - Federal		
	Identify by name, address, (phone numittee books and records.	nber optional), and position of th	ne person in
Full Name	edelia Guerra Brown		
Mailing Address	1401 21st Street, Suit	te 200	
	Sacramento		95814
Title or Position ♥	CITY A	STATE	ZIP CODE A
Dir. Ca	ampaign Repts	7elephone number	442 5707
Full Name of Treasurer  Mailing Address	therine Moret  5439 Dahlia Drive		
	Los Angeles	CA	90041
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasu	urer	Telephone number 323	256 7785
Full Name of Designated Agent			
Mailing Address			
<b>T</b>			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

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9.	Banks or Other Do safety deposit boxe Name of Bank, Dep	es or maintains funds.	rents
	Mailing Address	Bank of America  1501 Pennsylvania Avenue, NW	
		Washington DC 20005	]-[
		CITY A STATE A ZIP CO	ODE 🛆

CITY A

Corporation w/o Capital Stock

Trade Association

**Joint Fundraising Participant** 

Relationship

Type of Connected Organization:

Membership Organization

Corporation

STATE A

Labor Organization

Cooperative

ZIP CODE

Designated Agent			[ ADDITIONAL ]		
Full Name					
Title or Position ♥	CITY A				
		elephone number			

[ ADDITIONAL ]
92111 _ 1315
ZIP CODE 🛦
abor Organization
ooperative

Designated Agent		[ AD	DDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A
	Te	elephone number <sup>—</sup> _	

Corporation

Membership Organization

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Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc.	ins funds.	leposits funds, holds accounts, rents
Mailing Address	Fargo Bank  400 Capitol Mall  Sacramento  CITY △	CA 95814 - STATE A ZIP CODE A
Name of Any Connected Or	ganization or Affiliated Committee	[ ADDITIONAL ]
Mailing Address		
	CITY▲	STATE ▲ ZIP CODE ▲
RelationshipType of Connected Organizat	ion:	
rype or Connected Organizat	UII.	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ ADDITIONAL ]	L]	
Full Name				
-			_	
Title or Position ▼	<b>CITY A</b> Te	STATE A ZIP CODE A elephone number = =		