PAGE 1 / 10 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Placer County Democratic Central Committee 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) (Check if address is changed) DATE 09 2018 C00433318 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. Lewis, Denise, , , Type or Print Name of Treasurer Lewis, Denise,,, [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

FFC F	form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	, ago 2
Candida	te 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 Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(5
(d) x	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political	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 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.)	
Joint Fun	draising 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
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	i age v
Placer County Democratic Central Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
None	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in po books and records.	ssession of committee
Copeland, Rita, , ,	1
Mailing Address 5429 Madison Avenue	
Ividinity Address	
Sacramento CA 95841	
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number 916	348 9100
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the na any designated agent (e.g., assistant treasurer).	ame and address of
Full Name Copeland, Rita, , , of Treasurer	
Mailing Address 5429 Madison Avenue	
Sacramento CA 95841	
CITY STATE Title or Position	ZIP CODE
Treasurer 916 916	348 9100

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Lewis, Denise, , ,	
Agent	5400 Madiana Annuna	
Mailing Address	5429 Madison Avenue	
	Sacramento CA 95841	
	CITY STATE Z	IP CODE
Title or Position Assistant Treasu	urer	48 9100
Name of Bank, [oxes or maintains funds. Depository, etc.	
	First Foundation Bank 2250 Douglas Blvd., Suite 190	
Mailing Address	First Foundation Bank	
	First Foundation Bank	
	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CA 95661	IIP CODE
	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CA 95661 CITY STATE Z	IP CODE
Mailing Address	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE Z Depository, etc.	IP CODE
Mailing Address	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE Z Depository, etc.	IP CODE
Mailing Address Name of Bank, D	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE Z Depository, etc.	IP CODE
Mailing Address Name of Bank, D	First Foundation Bank 2250 Douglas Blvd., Suite 190 Roseville CITY STATE Z Depository, etc.	IP CODE

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DC FHŽ G7 < 98 I @ 'C F' ± H9 A ± N5 H± C B

Form/Schedule: F1A Transaction ID:

Amend to Update Officer Information

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	6	of ¹⁰	
Page		OI -	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID num	ber C
2.		FEC ID num	ber C
3.		FEC ID num	ber C
4		FEC ID num	ber C
ame of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Represer	ntative, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STAT	TE ▲ ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number – opti	Joint Fundraising Reprisonal)	esentative Leadership PAC S
esignated Agent: Identi Harnago Full Name	_		esentative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – opti		esentative Leadership PAC S
esignated Agent: Identi Harnago Full Name	fy by name, address (phone number – opties, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville	ional)	A 95661
esignated Agent: Identi Harnage Full Name Mailing Address	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville	ional)	A 95661
esignated Agent: Identi Harnago Full Name	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville	ional)	A 95661 E ZIP CODE A
esignated Agent: Identi Harnage Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville CITY Ories: List all banks or other depositories in	onal) C. STATE Telephone Number	A 95661 ZIP CODE 916
esignated Agent: Identi Harnage Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville CITY Ories: List all banks or other depositories in	onal) C. STATE Telephone Number	A 95661 ZIP CODE 916
esignated Agent: Identi Harnage Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville CITY Ories: List all banks or other depositories in	onal) C. STATE Telephone Number	A 95661 ZIP CODE 916
esignated Agent: Identi Harnage Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – option, 1st Vice Chair, Greg, , , 1600 Gardenia Way Roseville CITY Ories: List all banks or other depositories in	onal) C. STATE Telephone Number	A 95661 ZIP CODE 916

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(a)	or(h). Joint Fundraisin	p Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		T EC ID Hamber	O
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	I		
	Maining Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
0	Posignated Agents Identify	by name address (phone number entional)		
8.		by name, address (phone number – optional) 2nd Vice Chair, Angela, , ,		
8.	Torrens, 2	-		
8.	Torrens, 2	2nd Vice Chair, Angela, , ,		
8.	Torrens, 2	2nd Vice Chair, Angela, , ,	CA	95765
8.	Torrens, 2 Full Name Mailing Address	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin		
8.	Torrens, 2	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin CITY	STATE A	95765 ZIP CODE A 916 - 208 - 8691
8.	Torrens, 2 Full Name	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 916 - 208 - 8691
	Full Name	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 916 - 208 - 8691
	Full Name Mailing Address TITLE OR POSITION POF Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 916 - 208 - 8691
	Full Name Mailing Address TITLE OR POSITION POF Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	2nd Vice Chair, Angela, , , 5313 Swindon Road Rocklin CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 916 - 208 - 8691

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraising	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	[C]
ame of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
= = =	by name, address (phone number - optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify because Debach-Rill Full Name		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b	oy name, address (phone number – optional) ey, Secretary, Ellen, , ,	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify bebach-Rill Full Name	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard		
esignated Agent: Identify bebach-Rill Full Name	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville	CA	95678
esignated Agent: Identify be Debach-Rill Full Name Mailing Address	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville	CA STATE A	95678 ZIP CODE A
esignated Agent: Identify because the property of the property	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville	CA STATE A	95678
esignated Agent: Identify to Debach-Rill Full Name Mailing Address TITLE OR POSITION POF	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville CITY	STATE A Telephone Number	95678 ZIP CODE A
esignated Agent: Identify to Debach-Rill Full Name	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville CITY es: List all banks or other depositories in whice	STATE A Telephone Number	95678 ZIP CODE A
esignated Agent: Identify to Debach-Rill Full Name Mailing Address TITLE OR POSITION POF anks or Other Depositorie afety deposit boxes or main aame of Bank,	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville CITY es: List all banks or other depositories in whice	STATE A Telephone Number	95678 ZIP CODE A
esignated Agent: Identify to Debach-Rill Full Name Mailing Address TITLE OR POSITION POF anks or Other Depositorie afety deposit boxes or main aame of Bank,	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville CITY es: List all banks or other depositories in whice	STATE A Telephone Number	95678 ZIP CODE A
esignated Agent: Identify to Debach-Rill Full Name	oy name, address (phone number – optional) ey, Secretary, Ellen, , , 329 Sierra Boulevard Roseville CITY es: List all banks or other depositories in whice	STATE A Telephone Number	95678 ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

		FEC	ID number	C
		FEC	ID number	C
		FEC	ID number	С
		FEC	ID number	C
ected Organization,	Affiliated Committee, Joint	Fundraising Re	epresentativ	e, or Leadership PAC Spon
	CITY A		STATE ▲	ZIP CODE ▲
dentify by name, addi	ress (phone number – option	al)		
nley, Controller, Martha	*	al)	1 1 1 1	
nley, Controller, Martha	,,, 	al)		
nley, Controller, Martha	,,, 	al)	CA	95648
nley, Controller, Martha	,,, 	al)	CA STATE A	95648 ZIP CODE A
8	ected Organization, A	CITY A	CITY A	CITY A STATE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraisin			
1.		FEC ID num	
2.		FEC ID num	ber C
3.		FEC ID num	ber C
4.		FEC ID num	ber C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represen	tative, or Leadership PAC Spor
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STAT	E ▲ ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC S
connected esignated Agent: Identify Vera, Ch			esentative Leadership PAC S
Connected esignated Agent: Identify Vera, Ch	d Organization Affiliated Committee by by name, address (phone number – optionair, Tomas, , ,		esentative Leadership PAC S
connected esignated Agent: Identify Vera, Ch	Affiliated Committee by pame, address (phone number – optionair, Tomas, , , 91 Crother Road	nal)	
connected esignated Agent: Identify Vera, Ch	d Organization Affiliated Committee by by name, address (phone number – optionair, Tomas, , ,	nal)	A 95703
esignated Agent: Identify Vera, Ch. Full Name Mailing Address	Affiliated Committee by name, address (phone number – optionair, Tomas, , , 91 Crother Road Applegate	nal)	A 95703
esignated Agent: Identify Vera, Ch. Full Name Mailing Address	Affiliated Committee by name, address (phone number – optionair, Tomas, , , 91 Crother Road Applegate	nal)	A 95703 A ZIP CODE A
Connected Pesignated Agent: Identify Vera, Ch. Full Name Mailing Address TITLE OR POSITION POF Portanks or Other Deposito and deposit boxes or mail	Affiliated Committee by by name, address (phone number – optionair, Tomas, , , 91 Crother Road Applegate CITY ries: List all banks or other depositories in	nal) C/ STATE Telephone Number	A 95703 ZIP CODE 530
Connected Pesignated Agent: Identify Vera, Ch. Full Name Mailing Address TITLE OR POSITION POF Portanks or Other Deposito and deposit boxes or mail	Affiliated Committee by by name, address (phone number – optionair, Tomas, , , 91 Crother Road Applegate CITY ries: List all banks or other depositories in	nal) C/ STATE Telephone Number	A 95703 ZIP CODE 530
connected esignated Agent: Identify Vera, Ch. Full Name Mailing Address TITLE OR POSITION POF anks or Other Deposito affety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee by by name, address (phone number – optionair, Tomas, , , 91 Crother Road Applegate CITY ries: List all banks or other depositories in	nal) C/ STATE Telephone Number	A 95703 ZIP CODE 530