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) BUTTE COUNTY DEMOCRATIC CENTRAL COMMITTEE PO BOX 2922 ADDRESS (number and street) (Check if address is changed) **PARADISE** 95967 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gsanborn@att.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2015 C00565929 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. Gregory E. Sanborn Type or Print Name of Treasurer Gregory E. Sanborn [Electronically Filed] 02 2015 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 (Revised 06/2012)

Of	ffice		For further information contact:
Ιυ	Jse		Federal Election Commission
0	Only		Toll Free 800-424-9530 Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Compleinformation below.)	ete the candidate
Nam Can	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)	\times	CLID ' ' DEM ' '	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	_abor 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 segr committee. (i.e., nonconnected committee)	egated 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	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

Treasurer

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FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
BUTTE COUNT	Y DEMOCRATIC CENTRAL COMM	<u> </u>
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
None		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the per	rson in possession of committee
Gregory E.	Sanborn	
Mailing Address	702 Windmill Court	
	Concord	94518
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 51	0 - 305 - 7377
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
Full Name Gregory E. of Treasurer	Sanborn	
Mailing Address	702 Windmill Court	
	Concord	94518
Title or Position	CITY STATE	ZIP CODE

Telephone number

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Full Name of Designated	Gary Shallenberger	
Agent		
Mailing Address	6019 Hazel Way	
	Paradise CA 95969	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		877 - 9278
Banks or Other		
safety deposit bo Name of Bank,	Bank of America	
safety deposit be	Depository, etc. Bank of America P.O. Box 15284	
safety deposit be Name of Bank,	Depository, etc. Bank of America P.O. Box 15284	
safety deposit be Name of Bank,	Depository, etc. Bank of America P.O. Box 15284	
safety deposit be Name of Bank,	Depository, etc. Bank of America P.O. Box 15284	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Bank of America P.O. Box 15284 Wilmington CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America P.O. Box 15284 Wilmington CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	ZIP CODE
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America	ZIP CODE
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America	ZIP CODE