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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) SALINAS VALLEY DEMOCRATIC CLUB 931 E MARKET STREET ADDRESS (number and street) (Check if address is changed) SALINAS 93912 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 01 2013 C00434605 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] 12 2013 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

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		rm 1 (Revised 02/2009) OMMITTEE	Page 2			
		e 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. (Complete the candidate information below.)				
Nam Can	e 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:	(Damas anatis			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)				
		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	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC Form 1 (Re			Page <b>3</b>				
Write or Type Committe	ALLEY DEMOCRATION	CLUB					
	ected Organization, Affiliated Committee,		tive or Leadershin PAC Sponsor				
None	organization, rumated committee,	Joint Fundationing Representa-	ave, or Leadership i No Sponsor				
Mailing Address							
	CITY	STAT	E ZIP CODE				
Relationship: X Co	nnected Organization Affiliated Committe	e Joint Fundraising Repres	entative Leadership PAC Sponsor				
	_						
	ds: Identify by name, address (phone number	er optional) and position of th	ne person in possession of committee				
books and records.							
La Full Name	ura Beltran Cabrera						
Mailing Address	36 Saint Brendan Way						
ý	1						
	Salinas	CA	93906				
Title or Position	CITY	STATE	ZIP CODE				
Title of Position	CITY	STATE	ZIP CODE				
Assistant Treasurer		Telephone number	831 - 809 - 9790				
8. <b>Treasurer:</b> List the na any designated agent	<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 Green of Treasurer	egory E. Sanborn						
Mailing Address	702 Windmill Court						
	Concord	CA	94518				
Title or Position	CITY	STATE	ZIP CODE				
Treasurer		Telephone number	510 - 305 - 7377				

TEC FOIII I (R	Revised 02/2009)		Page <b>4</b>					
Full Name of Designated Laur Agent	ra Beltran Cabrera							
Mailing Address	36 Saint Brendan Way							
	Salinas CITY	CA 939 STATE	ZIP CODE					
Title or Position Assistant Treasurer		e number 831 -	809 - 9790					
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.  US Bank								
	<sub>1</sub> 1320 S. Main Street							
Mailing Address								
	Salinas	CA 939	01					
	CITY	STATE						
		31/112	ZIP CODE					
Name of Bank, Deposi	itory, etc.	3,,,,,	ZIP CODE					
Name of Bank, Deposi	itory, etc.		ZIP CODE					
Name of Bank, Deposi			ZIP CODE					
			ZIP CODE					
			ZIP CODE					