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) SACRAMENTO VALLEY LINCOLN CLUB FEDERAL 9458 TREELAKE RD ADDRESS (number and street) (Check if address is changed) **GRANITE BAY** 95746 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DAVID@THEAGENCY.US (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00377051 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. BAUER, DAVID, , , Type or Print Name of Treasurer BAUER, DAVID, , , [Electronically Filed] 07 2019 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)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Comm	mittee Name	
SACRAM	IENTO VALLEY LINCOLN CLUB FEDERAL	
6. Name of Any Co	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
None		1
Mailing Address		
	CITY STATE ZIP	CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
	ecords: Identify by name, address (phone number optional) and position of the person in possess	ion of committee
books and record		
Full Name	BAUER, DAVID, , ,	
Mailing Address	2150 RIVER PLAZA DR. #150	
ŭ		
	SACRAMENTO CA 95833	1-1
T21 D 22		2005
Title or Position	CITY STATE ZIP	CODE
Custodian of Red	ecords 916 473 Telephone number	
	he name and address (phone number optional) of the treasurer of the committee; and the name a agent (e.g., assistant treasurer).	and address of
Full Name	BAUER, DAVID, , ,	
of Treasurer		
Mailing Address	9458 TREELAKE RD.	
	GRANITE BAY CA 95746	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Tolophono number 916 473	_ 4298

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Full Name of Designated Agent	None, , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number =	
Name of Bank, I	Depository, etc. WELLS FARGO 400 CAPITOL MALL SACRAMENTO CA 95814	
	CITY STATE	ZIP CODE
Name of Bank, I		ZIF CODE
		_
Mailing Address		
Mailing Address		
Mailing Address		