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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) SAN BERNARDINO COUNTY DEMOCRATIC CENTRAL COMMIT 249 E. Ocean Blvd., Suite 685 ADDRESS (number and street) (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dlgould@gouldorellana.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.sanbernardinodemocrats.org (Check if address is changed) DATE 2017 C00457200 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. Gould, David, , , Type or Print Name of Treasurer Gould, David,,, [Electronically Filed] 09 2017 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:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-094-1100

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TYPE OF COMMITTEE	,	, wyv =
Candidate Committee: (a) This committee is a p	principal campaign committee. (Complete the candidate information	below.)
	authorized committee, and is NOT a principal campaign committee	,
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate Presi	State CA dent District
(c) This committee support	orts/opposes only one candidate, and is NOT an authorized commi	ittee.
Name of Candidate		
Party Committee:	(National State	/Domogratio
(d) This committee is a	SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political Action Committee (I	PAC):	
(e) This committee is a s	separate segregated fund. (Identify connected organization on line 6.)) Its connected organization is a
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership	Organization Trade Association	Cooperative
In add	dition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee support committee. (i.e., noncommittee.)	orts/opposes more than one Federal candidate, and is NOT a sepa onnected committee)	arate segregated fund or party
In addition, thi	is committee is a Lobbyist/Registrant PAC.	
In addition, thi	is committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Represent	ative:	
	ts contributions, pays fundraising expenses and disburses net proceed ions, at least one of which is an authorized committee of a federal can	
(h) This committee collects	s contributions, pays fundraising expenses and disburses net proceed ons, none of which is an authorized committee of a federal candidate.	ds for two or more political
Committees Participating	in Joint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		
	FEC ID number C	

Γ			
FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nam	е		
SAN BERNARD	INO COUNTY DEMO	CRATIC CENTRAL	COMMITTEE
6. Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Representative, or Lead	lership PAC Sponsor
None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number	optional) and position of the person in	possession of committee
Gould, Da	ıvid, , ,		
Mailing Address	249 East Ocean Blvd., Suite 685		
	Long Beach	CA 9080)2
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 213	489 - 4792
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of t assistant treasurer).	the treasurer of the committee; and the	name and address of
Full Name Robb, Car	ol, , ,		1
Mailing Address	249 E. Ocean Blvd., Ste. 685		
-			
	Long Beach	CA 9080	2
Title or Position	CITY	STATE	ZIP CODE
Treasurer	1	213	489 4792

Telephone number

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Full Name of Designated	Gould, David, , ,	
Agent Mailing Address	249 E. Ocean Blvd., Ste.685	
	Long Beach CITY STATE	02 ZIP CODE
Title or Position Assistant Treas		- 489 - 4792
	Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds. Depository, etc.	holds accounts, rents
	CALIFORNIA BANK & TRUST	
Mailing Address	550 S. HOPE ST., STE. 100	
	LOS ANGELES CA 900	71 –
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h)

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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 Or	ganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	y name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify b Orellana, In Full Name	y name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify b Orellana, In	y name, address (phone number – optional) grid, , ,	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify b Orellana, In Full Name	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685		
esignated Agent: Identify b Orellana, In Full Name	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach	CA	90802
esignated Agent: Identify b Orellana, In Full Name	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY	CA STATE ▲	
esignated Agent: Identify booten Orellana, In Full Name	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY	STATE A	90802 ZIP CODE A
orellana, In Full Name	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY s: List all banks or other depositories in which	STATE A	90802 ZIP CODE A
esignated Agent: Identify boorellana, In Full Name Mailing Address TITLE OR POSITION VAssistant Treasurer anks or Other Depositorie afety deposit boxes or maintagement and the state of Bank,	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY s: List all banks or other depositories in which	STATE A	90802 ZIP CODE A
esignated Agent: Identify boorellana, In Full Name Mailing Address TITLE OR POSITION VAssistant Treasurer anks or Other Depositorie afety deposit boxes or maintagement and the state of Bank,	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY s: List all banks or other depositories in which	STATE A	90802 ZIP CODE A
orellana, In Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Assistant Treasurer anks or Other Depositorie afety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) grid, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY s: List all banks or other depositories in which	STATE A	90802 ZIP CODE A

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	, or Leadership PAC Sponsor
	Mailing Adalys	I		1
	Mailing Address			
	Relationship:	CITY ▲	OTATE A	7ID CODE +
	rielationship.	CITY	STATE ▲	ZIP CODE ▲
0			nt Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	d Organization Affiliated Committee Join by by name, address (phone number – optional) - Asst. Treasurer, Nadia, , ,	nt Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	nt Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Modesto	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Modesto Full Name	by name, address (phone number – optional) - Asst. Treasurer, Nadia, , ,	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Modesto Full Name	by name, address (phone number – optional) - Asst. Treasurer, Nadia, , ,	t Fundraising Representa	
8.	Designated Agent: Identify Modesto Full Name Mailing Address	by name, address (phone number – optional) - Asst. Treasurer, Nadia, , , 249 E. Ocean Blvd., Ste. 685 Long Beach		
8.	Designated Agent: Identify Modesto Full Name	by name, address (phone number – optional) - Asst. Treasurer, Nadia, , , 249 E. Ocean Blvd., Ste. 685 Long Beach CITY	CA STATE A	90802
 8. 9. 	Designated Agent: Identify Modesto Full Name Mailing Address TITLE OR POSITION POF	ries: List all banks or other depositories in which	STATE A	90802 ZIP CODE ▲ 213 — 489 — 4792
	Designated Agent: Identify Modesto Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposito safety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	90802 ZIP CODE ▲ 213 — 489 — 4792
	Designated Agent: Identify Modesto Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposito safety deposit boxes or mail Name of Bank,	ries: List all banks or other depositories in which	STATE A	90802 ZIP CODE ▲ 213 — 489 — 4792
	Designated Agent: Identify Modesto Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	STATE A	90802 ZIP CODE ▲ 213 — 489 — 4792
	Designated Agent: Identify Modesto Full Name Mailing Address TITLE OR POSITION POF Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	STATE A	90802 ZIP CODE ▲ 213 — 489 — 4792

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

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h). Joint Fundraising	raiticipant.			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected O	rganization, Affiliated Commi	ttee, Joint Fundrai	sing Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY A	A	STATE ▲	ZIP CODE ▲
	y name, address (phone num		undraising Represent	ative Leadership PAC Sp
esignated Agent: Identify b Robles, Ch Full Name	y name, address (phone num		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify b	y name, address (phone num		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify b Robles, Ch Full Name	y name, address (phone num is, , , , 249 E. Ocean Blvd., Ste. 685			
esignated Agent: Identify b Robles, Ch Full Name	y name, address (phone num is, , ,) 249 E. Ocean Blvd., Ste. 685		CA	Leadership PAC Sp
esignated Agent: Identify be Robles, Chi Full Name Mailing Address	y name, address (phone num is, , , , 249 E. Ocean Blvd., Ste. 685	ber – optional)	CA STATE ▲	90802 ZIP CODE A
esignated Agent: Identify b Robles, Ch Full Name Mailing Address	y name, address (phone num is, , , , 249 E. Ocean Blvd., Ste. 685	ber – optional)	CA STATE ▲	90802
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