PAGE 1/5

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) Lincoln Club of Northern California Federal PAC 455 Capitol Mall, Suite 600 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS feccomm@bmhlaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00148882 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. Hildreth, Brian T., , , Type or Print Name of Treasurer Hildreth, Brian T., , , [Electronically Filed] 07 16 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

-	EC Fo	rm 1 (Payiead 02/2000)	Page 2
		omm 1 (Revised 02/2009) OMMITTEE	Page 2
Cano	didate	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 Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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	Fund	raising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e	
Lincoln Club of	Northern California Federal PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Lincoln Club of Northe	ern California	
Mailing Address	3501 California Street, Suite 200A	
Mailing Address		
	San Francisco CA 94118	
	CITY STATE	ZIP CODE
Relationship: x Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Hildreth. E	Brian T., , ,	
Full Name		
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento CA 95814	. -
Title or Position	CITY STATE 2	ZIP CODE
Custodian of Records	Telephone number 916 - 4	442 7757
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Hildreth, E	3rian T., , ,	.
	455 Capitol Mall, Suite 600	
Mailing Address		
	.0	
	Sacramento CA 95814	
Title or Position	CITY STATE Z	ZIP CODE

Telephone number

FEC Form	1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Buhler, Luis P., , ,				
Mailing Address	3501 California Street, Suite 200A				
	San Francisco CITY STATE Z	IP CODE			
Title or Position Assistant Treasu	rer Telephone number 415 – 42	22 0450			
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. California Bank & Trust					
Mailing Address	550 South Hope Street, Suite 100				
	Los Angeles CA 90017				
	CITY STATE Z	IP CODE			
Name of Bank, D	pepository, etc.				
Mailing Address					
Mailing Address					
Mailing Address					

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Form/Schedule: F1A Transaction ID:

Amend to update Treasurer information

Form/Schedule: Transaction ID: