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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Democratic Party of Contra Costa County 371 Lakeport Blvd., # 391 ADDRESS (number and street) (Check if address is changed) Lakeport 95453 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS contracosta@cjandassociatesinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00456764 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. Johnson, Chelsea, , , Type or Print Name of Treasurer Johnson, Chelsea,,, [Electronically Filed] 07 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FE	C Form 1	(Revised 03/2022)	Page 2				
	TYPE OF	F COMMITTEE:					
	Candida	andidate 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 information below.)	ne candidate				
	Name o Candida						
	Candida Party A	late Office House Senate President	State CA District				
	(c)						
		Name of Candidate					
	Party C	ty Committee:					
	(d) x	This committee is a CLIP (National, State DEM (Democrati	c, ı, etc.) Party				
			· · ·				
		Political Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:				
		Corporation Corporation w/o Capital Stock Labor C	Organization				
		Membership Organization Trade Association Cooper	ative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)						
		In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
(g) This committee is an independent expenditure-only political commi							
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(b)						
	(h)						
		In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fu	undraising Representative:					
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
committees/organizations, at least one of which is an authorized committee of a federal candidate. (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for the contributions of the contributions o			or more political				
		committees/organizations, none of which is an authorized committee of a federal candidate.					
		mittees Participating in Joint Fundraiser					
	1.						

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٧	Vrite or Type Committee Name Democratic Pa	rty of Contra Costa County					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
	None		1				
	Mailing Address						
		CITY ▲ STATE	▲ ZIP CODE ▲				
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repres					
	Ticiationship.	Organization Conditional Control of the Control of	Ecaucising 1740 Oponisc				
7.	Custodian of Records: Ident books and records.	erson in possession of committee					
	Johnson, Chelsea, , ,						
	Full Name						
	Mailing Address	371 Lakeport Blvd., # 391					
		Lakeport	95453				
		CITY ▲ STATE	▲ ZIP CODE ▲				
	Title or Position ▼	5					
	Custodian of Records	Telephone number	916 - 749 - 3533				
8.	Treasurer: 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 Johnson, C	helsea, , ,					
	of Treasurer						
	Mailing Address	371 Lakeport Blvd., # 391					
		Lakeport	95453				
		CITY ▲ STATE	▲ ZIP CODE ▲				
	Title or Position ▼						
	Treasurer	Telephone number	916 - 749 - 3533				

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Full Name of Designated Agent	None, , , ,					
Mailing Address						
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲				
	Telephone number					
	Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds.	funds, holds accounts, rents				
Name of Bank, I	Name of Bank, Depository, etc.					
First Foundation Bank						
Mailing Address	2233 Douglas Blvd., Suite 300					
	Roseville	95661				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE ▲	ZIP CODE ▲				