2019 - 07 - 25 - 08 - 00288076

FEC FORM 1

STATEMENT OF ORGANIZATION

LO MAIL CENTER 1019 JUL 25 AM 11: 10

| FURIWI I | | ···· | | Office Use Only | |
|---|---|--|---------------------|---------------------------------|--|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | | |
| Yes We Can Democrati | .c Club | | | | |
| | | | | | |
| ADDRESS (number and street) | 618 Ohiq Avel | | | | |
| (Check if address | | | | | |
| is changed) | Long Beach | | CA | 99814 | |
| | | CITY | STATE | ZIP CODE | |
| COMMITTEE'S E-MAIL ADDF | RESS (Please provide only one e | e-mail address) | | | |
| x. (Check if address | gary@crummittandas | spoqiates.com | | | |
| X. (Check if address is changed) | | | | | |
| COMMITTEE'S WEB PAGE A | DDRESS (URL) | | | | |
| (Check if address | www.jywcdc.com | | | | |
| is changed) | | <u> </u> | | | |
| 2. DATE 07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 | 24 2019 C C | 00458554 | | | |
| 3. FEC IDENTIFICATION | NOMBER | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | | |
| I certify that I have examined | I this Statement and to the bes | t of my knowledge and belief | it is true, correct | and complete. | |
| Type or Print Name of Treasu | urerMark Cross | | | | |
| Signature of Treasurer | McL | 1ens | Date 07 | 24 2019 | |
| NOTE: Submission of false, erro | oneous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing | | _ | |
| Office Use | | For further information Federal Election Commis Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) | |

| | FEC Fo | rm 1 (Revised 02/2009) Page 2 | | | | |
|--------------|------------------------|--|--|--|--|--|
| TYPI | E OF C | OMMITTEE | | | | |
| Can | didate | e Committee: | | | | |
| (a) | Ц | 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 Cano | e of didate | | | | | |
| | didate y Affiliatio | Office State Sought: House Senate President District | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Cand | e of didate | | | | | |
| Par | ty Con | nmittee: | | | | |
| (d) | | (National, State (Democratic, Republican, etc.) Party. | | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a 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 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 party 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | | []]] [] [] [] [] [] [] [] [] | | | | |

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|---|--|---------------------------------------|
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| Write or Type Committee Name | | |
| Yes We Can Democratic (| Club | |
| 6. Name of Any Connected O | rganization, Affiliated Committee, Joint Fundralsing Representative, or Leaders | hlp PAC Sponsor |
| None | | |
| | | |
| Mailing Address | | |
| | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative Lea | adershin PAC Snonsor |
| Tieldilotiship. | Organization Animated Committee Commit | |
| Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person in pos | session of committee |
| Full Name Mark Cr | oss ! | |
| Mailing Address | 682 Orizaba Ave. | |
| | | |
| | Long Beach CA 9081 | 4 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Record | Telephone number 661 - 4 | 06 - 4190 |
| 8. Treasurer: List the name and any designated agent (e.g., a | I address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer). | me and address of |
| Full Name of Treasurer Mark Cr | 088 181 1 1 1 1 1 1 1 1 1 | |
| Mailing Address | 682 Orizaba Ave | |
| | | |
| | Long Beach CA 9081 | <u>4</u> |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |

CITY

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ZIP CODE

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

|Gary Çrummitt

Full Name of Designated

Agent

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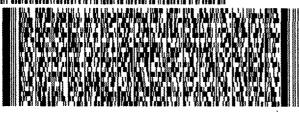
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| (3/2015) | |