FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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1 Oldivi 1		Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, typing over the lines.	e 12FE4M5 SEP -5, PM 4: 38
Diawild for	Callifornia	
		<u> </u>
ADDRESS (number and street)	2-6/enviille, Ciircil	<u>e, , , , , , , , , , , , , , , , , , , </u>
(Check if address is changed)		
	Sign City &	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE		
(Check if address is changed)	david hildebrande	davidfor Callifornia.com
2.4 10 G.Id.I.go-1,		idifion/callinforminancon
COMMITTEE'S WEB PAGE AI (Check if address is changed)	DDRESS (URL) [d.a.v.:.d.fo.r.c.a.l.i.f.orin.i	191.1C101m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. DATE 09 12	2017	
3. FEC IDENTIFICATION	NUMBER ► C.0.0.6.3.4.9.7.3	
(7) (5) IS THIS STATEMENT	NÉW (N) OR AMENDE) (A)
N	this Statement and to the best of my knowledge and $\mathcal{D} = 1$	belief it is true, correct and complete.
(Type or Print Name of Treasur (N (Signature of Treasurer	Jose Bennett Jose Bennett	Date 091 011 2017
NOTE: Submission of false, ел	oneous, or incomplete information may subject the person ANY CHANGE IN INFORMATION SHOULD BE REPO	signing this Statement to the penalties of 52 U.S.C. §30109. ORTED WITHIN 10 DAYS.
Office Use	For further info Federal Election Toll Free 800-42	Commission 1-9530 (Revised 06/2012)

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5.		TYPE OF COMMITTEE Candidate 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 candidate information below.)					
	Name of Candidate Dia Viid Hiildebic ginid					
	Candidate Party Affiliation	n Dem Sought: House Senate President	State C.A.			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Com	mittee: (National, State	(Democratic,			
	(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.			
	Political A	ction Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its or	connected organization is a:			
		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 committee. (i.e., nonconnected committee)	segregated 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	Iraising Representative:				
ゴスト	(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 fundralsing expenses and disburses net proceeds for two or more proceeds						
S V	Committees Participating in Joint Fundraiser					
D V	1.	FEC ID number C				
C Q	2.	FEC ID number C				
D D	3 .					
) (4.	FEC ID number C				
-1						

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v	FEC Form 1 (Revise Vrite or Type Committee Na	
6. L	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	Relationship:	CITY STATE ZIP CODE ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso
7.	books and records.	entify by name, address (phone number - optional) and position of the person in possession of committee
	Full Name <u>Jas</u> Mailing Address	101/2 B.C.ININIELTITI 16.85 Li. 1.1/2 C.C.O.S.S. DIV
	Title or Position	CITY STATE ZIP CODE Telephone number [9,1,6]-[5,9,1]-[5,7,5,7,5,7,5,7,5,7,5,7,5,7,5,7,5,7,5,7
200260093	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name and address of
2017090607 	Title or Position 「「んきっく」ショントル	

· _	FEC Form	m 1 (Revised 02/2009)	Page 4	
De	Il Name of esignated gent			
Ma	ailing Address			
		CITY STATE ZIP CO	- LILI	
Tit	tle or Position		_1 1	
L	1 1 1 1	Telephone number		
sa	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.			
		Vinipia via Biainik		
М	ailing Address	<u> Winipigiviai Biginik</u>		
		<u> </u>		
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		CITY STATE ZIP CO	DDE	
N	ame of Bank,	Depository, etc.		
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(D)		CITY STATE ZIP CO	ODE	
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Jason Bennett
685 Lilly Cross Dr
Roseville, CA, 956



SACRAMENTO CA 957

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Secretary of the Senate
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