**FEC** 

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jose for Congress 5445 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento 95841 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) joseforcongress.us (Check if address is changed) DATE 2021 C00701185 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Lewis, Denise, , , Type or Print Name of Treasurer Lewis, Denise,,, [Electronically Filed] 01 17 2021 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

	FEC Fo	rm 1 (Revised 02/2009) Page 2					
		COMMITTEE					
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate					
, ,	information below.)						
Nam Cand	e of didate	Ramon Caballero, Jose, , ,					
	didate	Office State Con DEM Sought: X House Senate President					
Party	y Affiliatio	on DEM Sought: X House Senate President  District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cano	e of didate						
		nmittee:					
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
	tical A	ction Committee (PAC):					
(e)	liicai A	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is					
(0)		Corporation Corporation W/o Capital Stock Labor Organization					
( <b>f</b> )		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or 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					
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
` '	ш	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 Form 1 (Revised	1 02/2009)	Page <b>3</b>					
Write or Type Committee Nar		<u> </u>					
Jose for Congi	ess						
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor					
None							
Mailing Address							
	CITY STATE	ZIP CODE					
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor					
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the pe	erson in possession of committee					
	enise, , ,						
Full Name	5445 Madison Avenue						
Mailing Address							
	Sacramento	95841					
Title or Position	CITY STATE	ZIP CODE					
Custodian of Records	Telephone number	9100					
8. <b>Treasurer:</b> List the name a any designated agent (e.g.,	<b>Treasurer:</b> 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 Lewis, D	enise, , ,						
of Treasurer	5445 Madison Avenue						
Mailing Address	- 10   10   10   10   10   10   10   1						
	Sacramento	95841					
Title or Position Treasurer	CITY STATE  9 1 Telephone number	ZIP CODE  16  -   348  -   9100					
I	, , , , , , , , , , , , , , , , , , ,						

FEC <b>Form 1</b> (Rev	rised 02/2009)		Page <b>4</b>				
Full Name of Designated Agent None,	,,,						
Mailing Address							
	CITY	STATE	ZIP CODE				
Title or Position		elephone number	J-LJ-L				
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.    First Foundation Bank							
Mailing Address	2233 Douglas Boulevard, Suite 300						
	Roseville		5661				
	CITY	STATE	ZIP CODE				
Name of Bank, Deposito	ry, etc.						
Mailing Address							
amig / tadio55							
ay , tauross							
ag / adress							

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amend Candidate, Committee and Treasurer Address

Form/Schedule: Transaction ID: