Only

## STATEMENT OF

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FEC FORM 1		0	RGAN	ZATI	ION						C	Office	Use C	)nlv			
1. NAME OF COMMITTEE (ir	n full)		(Check if name is changed)		xample:I		type	1	2FI	E4M	-			niy .			
Santa Barb	ara C	ounty	Democr	atic C	Centr	al Co	omn	∩itte	е	Fe	de	ral	PA	٩Ç			Ш
 	1 1 1		1 1 1 1 1		1 1 1		1 1	1 1	1	1 1	ı	l I	1 1	ı	1 1	1 1	_
ADDRESS (number a	nd street)	5445 Ma	adison Avenue														— 山
(Check if a	address						1 1			1 1		I I	1 1				
is changed	1)	Sacrame	ento					[	CA		95	841	Z	- !IP C	ODE		
COMMITTEE'S E-MA	AIL ADDRI	ESS															
(Check if a is changed		campa	aigns@rcbs.u	JS													
		Optional	Second E-Mai	I Address													
COMMITTEE'S WEB	PAGE AD	DDRESS (U	RL)														
(Check if a is changed	address	www.sbo	•														
2. DATE 00	M / D	22 / Y	2023														
3. FEC IDENTIFIC	CATION N	IUMBER )	C	C00427	856												
4. IS THIS STATEM	MENT	NEW	(N) <b>OF</b>	R	<b>x</b>	MENDE	D (A)										
I certify that I have e	examined	this Stateme	ent and to the	best of my	y knowle	dge and	belief	it is t	rue, (	correc	ct an	d coi	mplet	e.			
Type or Print Name	of Treasure	er Lewis, D	Denise, , ,														
Signature of Treasure	er <i>Lewi</i>	is, Denise, , ,			[Electr	onically F	iled]	Da	te	0	м 6	/ [	22	1	20	23	Υ
NOTE: Submission of	false, error		omplete informa									e pen	alties	of 5	2 U.S.	C. §3	30109.
Office Use					Federa	rther info	Commis		ct:						<b>RM</b> 1	I	_ ,

Toll Free 800-424-9530

Local 202-694-1100

FE	C Form	1 (Revised 03/2022)	Page 2
5.	TYPE C	DF COMMITTEE:	
	Candid	late 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.)	candidate
	Name Candid		
	Candid Party	date Office Sought: House Senate President	State CA District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Can	ne of didate	
	Party (	Committee:	
	(d) <b>x</b>	This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican,	etc.) Party
	Politica	al Action 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 Or	ganization
		Membership Organization Trade Association Cooperati	-
		In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b>		formal an manks
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	iund or party
		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 committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	Fundraising Representative:	
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.	C	
	_		

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	FEC Form 1 (I	Revised 02	/2009)						Page	. 3
٧	Vrite or Type Committe	tee Name								
	Santa Bar	rbara (	County De	mocratic	Centra	al Con	nmittee	Fede	eral P	AC
6.	Name of Any Cont None	nected Orç	ganization, Affiliate	d Committee, Jo	int Fundrai	sing Repre	esentative, or	Leaders	hip PAC S	Sponsor
	Mailing Address									
				CITY ▲			STATE ▲		ZIP CODE	<b>■</b>
	Relationship: C	Connected C	Organization Affi	liated Organizatior	Joint	Fundraising	Representativ	e l	eadership.	PAC Sponso
7.	Custodian of Records.	rds: Identif	y by name, address	(phone number	optional) and	d position o	f the person ir	ı possessi	on of comr	nittee
	L	_ewis, Denis	e, , ,							
	Full Name									
	Mailing Address		5445 Madison Avenu	Je						
			Sacramento				CA	95841		
				CITY ▲			STATE ▲		ZIP CODE	≣ ▲
	Title or Position ▼									
	Custodian of Record	ds			Tele	ohone num	916	<u> </u>	348	9100

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	Lewis, Denise	e, , ,																						
of Treasurer																								╛
Mailing Address	Į	5445 Madison Avenue												L								Ш		
	Į											1										Ш		
	Į	Sacramento									L	CA			L <sup>9</sup>	9584	41 				L			
			CITY	<b>/ ▲</b>						9	STA	ΤE	<b></b>					ZI	PC	COE	ÞΕ	<b>A</b>		
Title or Position ▼	7																							
Treasurer						Tel	eph	one	. nı	umb	er			916	გ 		L	34	8		L	910	00	

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Full Name of Designated Agent	Russell, Marissa, , ,	
Mailing Address	5445 Madison Avenue	
	Sacramento CA 958	41
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		348     9100
Assistant freasur	Telephone number	-   348   -   9100
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	nolds accounts, rents
Name of Bank, D	Depository, etc.	
	First Foundation Bank	
Mailing Address	18101 Von Karman Ave, Suite 750	
	Irvine CA 926	12
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend Treasurer, Asst Treasurer and Bank Information

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraising</b>	Participant:		C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
esignated Agent: Identify	by name, address (phone number – optional)	oint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify			tative Leadership PAC S
esignated Agent: Identify  Elliott, Cha	by name, address (phone number – optional) air, Darcel, , ,		tative Leadership PAC S
esignated Agent: Identify  Elliott, Cha	by name, address (phone number – optional) air, Darcel, , ,		Leadership PAC S
esignated Agent: Identify  Elliott, Cha Full Name  Mailing Address	by name, address (phone number – optional) air, Darcel, , ,  3784 San Remo Dr  Santa Barbara	CA	93105
esignated Agent: Identify  Elliott, Cha Full Name	by name, address (phone number – optional) air, Darcel, , ,  3784 San Remo Dr  Santa Barbara		
esignated Agent: Identify Elliott, Cha Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Depositoriafety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) air, Darcel, , ,  3784 San Remo Dr  Santa Barbara  CITY   es: List all banks or other depositories in wh	STATE A Telephone Number	93105 ZIP CODE <b>A</b>
esignated Agent: Identify  Elliott, Cha Full Name  Mailing Address  TITLE OR POSITION  POF	by name, address (phone number – optional) air, Darcel, , ,  3784 San Remo Dr  Santa Barbara  CITY   es: List all banks or other depositories in wh	STATE A Telephone Number	93105 ZIP CODE <b>A</b>
esignated Agent: Identify Elliott, Cha Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Depositoriafety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) air, Darcel, , ,  3784 San Remo Dr  Santa Barbara  CITY   es: List all banks or other depositories in wh	STATE A Telephone Number	93105 ZIP CODE <b>A</b>