**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. San Francisco Young Democrats 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 (Check if address sfyd@cjandassociatesinc.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sfyd.org (Check if address is changed) DATE 2025 C00716803 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. Type or Print Name of Treasurer Johnson, Chelsea,, Date 80 80 2025 Signature of Treasurer Johnson, Chelsea, , , 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information b	pelow.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate			
Name of Candidate				
Candidate Office Party Affiliation Sought: House Senate Pro	State CA esident District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	ee.			
Name of Candidate				
Party Committee:  (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Political 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 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 separation committee. (i.e., nonconnected committee)	ate 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.)				
(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 accour	nts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
This committee collects contributions, pays fundraising expenses and disburses net proce	eds for two or more political			
(i) committees/organizations, at least one of which is an authorized committee of a federal c	·			
()	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.			
Committees Participating in Joint Fundraiser				
1. C				

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V	Vrite or Type Committee Name	oung Democrats			
6.		rganization, Affiliated Committee	e, Joint Fundraising Repre	esentative, or Leade	rship PAC Sponsor
	None		,		
	Mailing Address				
		1			
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiza	ation Joint Fundraising	Representative	Leadership PAC Sponso
7.	<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.</li> </ol>				
	Johnson, C	helsea, , ,			
	Mailing Address	371 Lakeport Blvd., # 391			
		Lakeport		CA 95453	·
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone num	ber 916 – [	749
8.	<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 Gallardo Lo	opez, Andrea, , ,			
	Mailing Address	53 Lobos Street			
		San Francisco		CA 94112	
	Title ou Decition —	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼    Treasurer			. 415	368     5501
	i i Gasui Gi		Telephone num	ber	- 3501

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Full Name of Designated Agent	Johnson, Chelsea, , ,					
Mailing Address	371 Lakeport Blvd., # 391					
	Lakeport	CA 95453				
	CITY ▲	STATE ▲ ZIP CODE ▲				
Title or Position	▼					
Assistant Treasu	rer Telepho	one number 916 - 749 - 3533				
Banks or Other safety deposit bo	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 Blvd., Suite 300					
	Roseville	CA 95661				
	CITY ▲	STATE ▲ ZIP CODE ▲				
Name of Bank, Depository, etc.						
	Bank Of America					
Mailing Address	33 New Montgomery Street					
	San Francisco	CA   94105   -				
	CITY ▲	STATE ▲ ZIP CODE ▲				

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

Form/Schedule: F1A Transaction ID:

**Amend Treasurer** 

Form/Schedule: Transaction ID: