FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) **Butte County Democratic Central Committee** 5445 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento CA 95841 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address campaigns@rcbs.us is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.buttecountydems.org/ (Check if address is changed) DATE 2024 C00565929 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 Lewis, Denise,, Date 04 25 2024 Signature of Treasurer Lewis, Denise, , , 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

FEC Form 1 (Revised 03/2022)	ge 2				
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					
Candidate Office Sought: House Senate President	-				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee: (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party Committee:	rty				
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	ation is a:				
Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative	'n				
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 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.)					
(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).					
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) 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.					
(j) 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	=				

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V	Vrite or Type Committee Name				
	Butte County De	mocratic Central Commit	tee		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fo	undraising Representative, o	r Leadership PAC Sponsor	
	None				
	Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Representati	ve Leadership PAC Sponso	
7.	 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of co books and records. 				
	Lewis, Deni	ise, , ,			
	Mailing Address	5445 Madison Avenue			
		Sacramento	CA CA	95841	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼	0111 =	SIAIL =	211 0001 =	
	Custodian of Records		Telephone number	6 - 348 - 9100	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the ssistant treasurer).	e treasurer of the committee; a	and the name and address of	
	Full Name Lewis, Deni of Treasurer	ise,,,			
	Mailing Address	5445 Madison Avenue			
		Sacramento	CA L	95841	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼ Treasurer		Telephone number 91	6 - 348 - 9100	

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D	ull Name of Designated Gent	Mace, Patrick, , ,				
M	Mailing Address	2729 Madera Lane				
		Chico CA 9597	3			
		CITY ▲ STATE ▲	ZIP CODE ▲			
	itle or Position \					
Ľ	Assistant Treasu	rer 530 Telephone number 530 -	774 - 5856			
		Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olds accounts, rents			
N	Name of Bank, Depository, etc.					
	First Foundation Bank					
М	lailing Address	18101 Von Karman Ave, Suite 750				
		Irvine CA 92612	2			
		CITY ▲ STATE ▲	ZIP CODE ▲			
N	Name of Bank, Depository, etc.					
М	lailing Address					
		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 to update assistant treasurer

Form/Schedule: Transaction ID: