| Image# 202307269584060172 | | | | 0//26/2023 18 : 16 |
|--|------------------------------|--|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | PAGE 1 / 4 —— |
| 1. NAME OF | (Check if name | Example:If typing, type | | |
| COMMITTEE (in full) | is changed) | over the lines. | 12FE4M5 | |
| Melissa Hurtado | for Congress | | | |
| | | | | |
| ADDRESS (number and street) | 1700 Tribute Road, Suite 201 | | | |
| (Check if address is changed) | | | | |
| lis changed) | Sacramento | | CA 958 | 15 |
| | | | STATE ▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | MHurtado2024@dean | eandcompany.com | | |
| <i>c i</i> | Optional Second E-Mail Ad | dress | | |
| | | | | |
| COMMITTEE'S WEB PAGE ADD (Check if address is changed) | DRESS (URL) | | | |
| 2. DATE 07 20 | | | | |
| 3. FEC IDENTIFICATION NU | JMBER ► C C | 00846618 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | is Statement and to the best | of my knowledge and belief it | t is true, correct and | complete. |
| Type or Print Name of Treasure | Hurtado, Melissa, , , | | | |
| Signature of Treasurer | do, Melissa, , , | [Electronically Filed] | Date 07 | 26 / Y Y Y Y 2023 |
| NOTE: Submission of false, errone | | may subject the person signing TION SHOULD BE REPORTED | | penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

07/26/2023 18 : 16

| FE | C Form 1 | (Revised 03/2022) | Page 2 |
|----|-------------------|--|-----------------------|
| j. | TYPE O | F COMMITTEE: | |
| | Candid | ate 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 th information below.) | ne candidate |
| | Name Candic | | |
| | Candic Party / | Affiliation DEM Office House Senate President | State CA |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District 22 |
| | (0) | This commute supports/opposes only one candidate, and is NOT an autionized commutee. | |
| | Nam Cano | e of lidate | |
| | Party C | Committee: This committee is a (National, State (Democration or subordinate) committee of the Republican | c, , etc.) Party |
| | Politica | I Action Committee (PAC): | |
| | (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: |
| | | Corporation Corporation w/o Capital Stock | Organization |
| | | Membership Organization Trade Association Coopera | ative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed 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 accounts (Hybrid P | AC). |
| | | | |

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
2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

books and records.

7.

Connected Organization

| | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----------------------------------|------|------------|------|------|-------|----|---|----|------|-----|------|------|------|--|--|----------|-----|-----|-----|-----|------|-----|----|-----|-----|------|----|-----|------|----------|-----|--|
| | FEC Form 1 (Revised 0) | 2/20 | 09) | | | | | | | | | | | | | | | | | | | | | | | | | | Pa | ge 3 | 3 | | |
| ۷ | Vrite or Type Committee Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Melissa Hurtad | 0 | foi | r (| Co | n | gr | e | SS | 5 | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected Or NONE | gan | izat | ion, | , Af | filia | | | om | mitt | tee | , Jo | oint | t Fu | | | sin | g F | Rep | res | sen | tati | ve, | or | Lea | ade | ersh | ip | PAC | : Sp | on | sor | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | | <u> </u> | | | | | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | <u> </u> | | |
| | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1

1

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

CITY

Affiliated Organization

| | Deane, Shawnda, , , |
|-------------------|---|
| Full Name | |
| Mailing Address | 1700 Tribute Road, Suite 201 |
| | |
| | Sacramento CA 95815 - - - |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | ▼ |
| Custodian of Reco | ords Telephone number 9162855733 |

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee

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 | Hurtado, Melissa, , , |
|-------------------|-------------------------------|
| of Treasurer | |
| Mailing Address | 1700 Tribute Road, Suite 201 |
| | |
| | Sacramento CA 95815 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | , |
| Treasurer | Telephone number 916 285 5733 |

| FEC Form 1 | FEC Form 1 (Revised 02/2009) | | | | | | | | | | | | | |
|-------------------------------------|------------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Full Name of Designated Agent | Deane, Shawnda, , , | | | | | | | | | | | | | |
| Mailing Address | 1700 Tribute Road, Suite 201 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sacramento CA 95815 | | | | | | | | | | | | | |
| | CITY A STATE A | ZIP CODE | | | | | | | | | | | | |
| Title or Position | 7 | | | | | | | | | | | | | |
| Assistant Treasur | er Telephone number | 285 | | | | | | | | | | | | |

9. 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.

| 1 | First Fo | ounda | tion B | ank | | 1 1 | | | | 1 | 1 1 | 1 | . 1 | | 1 | | | I | 1 | | . 1 |
|----------------------|-----------|-------|---------|--------|--------|--------|---|-----|-------|---|-----|------|-----|--|----|-----|-----|----|------|---|-----|
| L Mailing Address | | 1601 | Respons | se Roa | d, Sui | te 190 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | Sacra | | | | | | | | | | C | A | | 95 | 815 | | | | | |
| | | | | | С | ITY 🔺 | | | | | | STAT | Έ | | | | ZIP | CO | DE 4 | | |
| Name of Bank, De | pository, | etc. | 1 1 1 | 1 1 | | | I | 1 1 | 1 | | 1 1 | | | | 1 | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | С | ITY 🔺 | | | | | | STAT | Έ | | | | ZIP | CO | DE 4 | • | |