Only

PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Golden State Young Asian Pacific Islander Democrats 517 18th St ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cydapicaucus@gmail.com (Check if address is changed) Optional Second E-Mail Address |faithclee@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) cydapicaucus.com (Check if address is changed) DATE 2019 C00672402 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. Lee, Ho Ching, , , Type or Print Name of Treasurer Lee, Ho Ching, , , [Electronically Filed] 07 2019 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

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 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. (Corinformation below.)	nplete the candidate		
Nam Cand	e of didate				
	didate / Affiliati	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of didate				
Par	ty Con	nmittee: (National, State	(Democratic,		
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		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 s committee. (i.e., nonconnected committee)	egregated 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.)			
Join	t Fund	Iraising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
(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 to committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.	FEC ID number C			
	4.				

FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			. ago 🐱
Golden State Y	oung Asian Pacific Island	der Democrats	
	Organization, Affiliated Committee, Joint Funda		dership PAC Sponsor
NONE			
	<u> </u>		
Mailing Address			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optiona	and position of the person in	n possession of committee
Lee, Ho C	hing, , ,		1
Mailing Address	517 18th st		
J			
	Sacramento	CA 958	14
Title or Position	CITY	STATE	ZIP CODE
Chair		lephone number 626	- 233 - 3210
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the trea	usurer of the committee; and the	e name and address of
Full Name Lee, Ho Ch	ning, , ,		
Mailing Address	517 18th st		
	Sacramento	CA 9581	14
Title or Position	CITY	STATE	ZIP CODE
Chair	Tel	ephone number 626	- 233 - 3210

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		alde accounte ronte
Banks or Other safety deposit box Name of Bank, D Mailing Address	Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds. Jepository, etc. Golden 1 Credit Union 1109 L Street Sacramento CA 95814	
safety deposit boo Name of Bank, D	gepository, etc. Golden 1 Credit Union 1109 L Street	
safety deposit boo Name of Bank, D	Sacramento CITY STATE	
safety deposit box Name of Bank, D Mailing Address	Sacramento CITY STATE	
safety deposit box Name of Bank, D Mailing Address	Sacramento CITY STATE Street Depository, etc.	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Sacramento CITY STATE Street Depository, etc.	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Sacramento CITY STATE Street Depository, etc.	