

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PACE of California School Employees Association - Local, State, Federal Candidates

ADDRESS (number and street)

555 Capitol Mall, Suite 400

☐ (Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@olsonhagel.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
10 / 06 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00480830

4. 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 Pace, Keith, , ,

Signature of Treasurer Pace, Keith, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2019

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

**PACE of California School Employees Association - Local, State, Federal Candidates****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

California School Employees Association

Mailing Address

2045 Lundy Avenue

San Jose

CITY

CA

STATE

95131

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Keys, Lacey E., , ,

Mailing Address

555 Capitol Mall, Suite 400

Sacramento

CITY

CA

STATE

95814

ZIP CODE

Title or Position

Custodian of Records

Telephone number

916

442

2952

**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  
of Treasurer

Pace, Keith, , ,

Mailing Address

2045 Lundy Avenue

San Jose

CITY

CA

STATE

95131

ZIP CODE

Title or Position  
Treasurer

Telephone number

408

433

1266

Full Name of  
Designated  
Agent

Schapira, David, , ,

Mailing Address

1127 11th Street, Suite 346

Sacramento

CITY

CA

STATE

95814

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

916

444

0598

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.

California Bank &amp; Trust

Mailing Address

1331 Broadway

Sacramento

CITY

CA

STATE

95818

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE