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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Westchester-Playa Democratic Club 8726 S. Sepulveda Blvd.Ste.D-249 ADDRESS (number and street) (Check if address is changed) Los Angeles 90045 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS corinnecastro@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.WestchesterPlayaDemClub.org (Check if address is changed) DATE 06 2019 C00437079 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. Miranda, Yolanda, , , Type or Print Name of Treasurer Miranda, Yolanda, , , [Electronically Filed] 02 06 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 Only Local 202-694-1100

_	EC <b>E</b> 0	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	ray <del>e</del> Z				
Can	didate	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. (Cor information below.)	nplete the candidate				
Name Cand							
Cand Party	idate Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name Candi							
Part	y Con	nmittee:	(Dama anati				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 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.)					
Joint	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee N		<u> </u>
Westchester-	Playa Democratic Club	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
None		
Mailing Address		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
	, Duane, , ,	
Full Name Mailing Address	8726 S. Sepulveda Blvd.Ste.D-249	
maming / tauloee		
	Los Angeles CA	90045
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	202 494 - 1739
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	mittee; and the name and address of
Full Name Castro of Treasurer	, Corinne, , ,	
Mailing Address	6917 Willoughby Ave.	
	Los Angeles	4 90038
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	562 714 1916

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Full Name of Designated Agent	Miranda, Yolanda, , ,						
Mailing Address	728 W. Edna Place						
	Covina CA 191722						
		ZIP CODE					
Title or Position Assistant Treasu	urer Telephone number 626 – 9	15 7635					
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.  Wells Fargo Bank							
Mailing Address	8814 S. Sepulveda Blvd.						
	Los Angeles CA 90045						
	0171/						
	CITY STATE Z	ZIP CODE					
Name of Bank, D		ZIP CODE					
Name of Bank, D		ZIP CODE					
Name of Bank, D		ZIP CODE					
		ZIP CODE					
		ZIP CODE					