Only

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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. Kylie Taitano for Congress PO Box 927754 ADDRESS (number and street) (Check if address is changed) San Diego 92192 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.kylietaitano.com (Check if address is changed) DATE 07 2022 C00798702 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. Lewis, Denise, , , Type or Print Name of Treasurer Lewis, Denise,,, [Electronically Filed] 01 07 2022 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

	<b>-</b>	1 (7)	5 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	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
Nam Cand	e of didate	Taitano, Kylie, , ,	
	didate / Affiliati	on DEM Office Sought: X House Senate President	State CA District 50
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, 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 a:
		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	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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees 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	Name	
Kylie Taitano	for Congress	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
None		
Mailing Address		
-		
	CITY STATE	ZIP CODE
	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	1 in possession of committee
Lewis	s, Denise, , ,	
Mailing Address	5445 Madison Avenue	
Mailing Address		
	Sacramento	95841
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	916 Telephone number	348 9100
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Lewis	s, Denise, , ,	
Mailing Address	5445 Madison Avenue	
	Sacramento CA 9	05841
Tille on D. W	CITY STATE	ZIP CODE
Title or Position Treasurer	1 Telephone number 916	_ 348 9100

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Full Name of Designated Agent	None, , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.	lds accounts, rents
мате ог валк, <u>г</u>	First Foundation Bank	
Mailing Address		
	First Foundation Bank	
	First Foundation Bank	
	First Foundation Bank  2233 Douglas Blvd., Suite 300	ZIP CODE
	First Foundation Bank  2233 Douglas Blvd., Suite 300  Roseville  CITY  STATE	ZIP CODE
Mailing Address	First Foundation Bank  2233 Douglas Blvd., Suite 300  Roseville  CITY  STATE	ZIP CODE
Mailing Address	First Foundation Bank  2233 Douglas Blvd., Suite 300  Roseville  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	First Foundation Bank  2233 Douglas Blvd., Suite 300  Roseville  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	First Foundation Bank  2233 Douglas Blvd., Suite 300  Roseville  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:

Update Treasurer, Custodian of Records and Banking

Form/Schedule: Transaction ID: