

**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

Santa Clara County United Democratic Campaign

ADDRESS (number and street)

2901 Moorpark Avenue, Suite 110

☐ (Check if address is changed)

San Jose

CITY ▲

CA

STATE ▲

95128

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

campaigns@rcbs.us

Optional Second E-Mail Address

chair@sccdp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.sccdp.org

2. DATE

MM / DD / YYYY  
01 / 26 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00231076

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 Lewis, Denise, , ,

Signature of Treasurer Lewis, Denise, , ,

[Electronically Filed]








Date

MM / DD / YYYY  
01 / 26 / 2021

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.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

**Santa Clara County United Democratic Campaign****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

None

Mailing Address

CITY

STATE

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

Lewis, Denise, , ,

Mailing Address

5445 Madison Avenue

Sacramento

CA

95841

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

348

9100

**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

Bartholomeusz, Prameela, , ,

Mailing Address

2901 Moorpark Avenue, Suite 110

San Jose

CA

95128

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

408

410

2806

Full Name of  
Designated  
Agent

Lewis, Denise, , ,

Mailing Address

5445 Madison Avenue

Sacramento

CITY

CA

STATE

95841

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

916

348

9100

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.

First Foundation Bank

Mailing Address

2233 Douglas Blvd., Suite 300

Roseville

CITY

CA

STATE

95661

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

Amend Officers Addresses

Form/Schedule:  
Transaction ID: