Only

PAGE 1 / 4 =

FEC FORM 1	ORGANIZATION			Office Use Only									
NAME OF COMMITTEE (in	, full)		eck if name		ple:If typing he lines.	, type	12F	E4M5		-	.,		
		IS CI	hanged)	over t	ne iines.								
Win Back F	AC												
ADDRESS (number and street)		501 W. Broa	dway Ste A 192	2	1 1 1	1 1 1 1	1 1	1 1		1 1	1 1	1 1	
(Check if a	address	1											
is changed)		San Diego				1	CA	1	92101				
		CITY	<u> </u>				STATI	_ E ▲		ZI	_ − [_ P COD	E 📥	
COMMITTEE'S E-MA	AII ADDRES	3.5											
(Check if a			s@rcbs.us										
is changed)													
		Optional Se	cond E-Mail A	ddress									. 1
☐ ◀ (Check if a is changed													
2. DATE 0			ү ү 21										
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C00762856									
4. IS THIS STATEM	MENT X	NEW (N) OR		AMEND	ED (A)							
I certify that I have e	examined th	is Statement	and to the bes	st of my kn	owledge an	d belief it	is true,	correc	t and c	omplete			
Type or Print Name	of Treasurer	Lewis, Deni	se, , ,										
Signature of Treasure	er <i>Lewis</i> ,	Denise, , ,		[I	Electronically	Filed]	Date	0°	M /	18	/ Y	y y 2021	Y
NOTE: Submission of			olete information E IN INFORMAT	-						nalties o	of 2 U.S	S.C. §4	37g.
Office Use				F	or further infi ederal Election oll Free 800-4	n Commissio				EC F			

Local 202-694-1100

FFC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	1 ugo 2
Candidat	e 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 of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State GA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Damage-ti-
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action 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 Fun	draising 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
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		
Win Back PAC		
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person	in possession of committee
Lewis, De	enise, , ,	
	5445 Madison Avenue	
Mailing Address		
	Sacramento CA 9	5841
TW 8 **		
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 916	_ 348 9100
. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Lewis, De of Treasurer	enise, , ,	
Mailing Address	5445 Madison Avenue	
	Sacramento CA 99	5841 ZIP CODE
Title or Position Treasurer	916	_ 348 9100

FEC Form	1 (Revised 02/2009)	Page 4					
Full Name of Designated Agent	Miranda-Caballero, Marcela, , ,						
Mailing Address	501 W. Broadway Ste A 192						
	San Diego CITY	CA 92101 - CTATE ZIP CODE					
Title or Position Assistant Treasu		. 619 213 6159 .					
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 Ste 300						
	Roseville	CA 95661 -					
	CITY	STATE ZIP CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							