

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE  
7 MAR 21 PM 3:15  
Office Use Only

NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

A, D, M, A, S, F, O, R, S, E, N, A, T, E

ADDRESS (number and street)

1, 4, 3, 0, R, I, D, G, E, D, R,

(Check if address is changed)

R, E, D, D, I, N, G, C, A, 9, 6, 0, 0, 1 - 2, 2, 1, 6

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

d, o, n, a, d, a, m, s, 4, 8, @, g, m, a, i, l, ., c, o, m,

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 16 / 2017

3. FEC IDENTIFICATION NUMBER ►

C

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

Deborah Adams

Signature of Treasurer

*Deborah Adams*

Date

03 / 16 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: \_\_\_\_\_ House \_\_\_\_\_ Senate \_\_\_\_\_ President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

201703210200085329

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for 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

D, e, b, o, r, a, h, A, d, a, m, s

Mailing Address

1, 4, 3, 0, R, i, d, g, e, D, r

R, e, d, d, i, n, g, C, A, 9, 6, 0, 0, 1 - 2, 2, 1, 6

Title or Position

CITY

STATE

ZIP CODE

T, r, e, a, s, u, r, e, r

Telephone number 5, 3, 0 - 6, 9, 1 - 9, 9, 4, 8

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

D, e, b, o, r, a, h, A, d, a, m, s

Mailing Address

1, 4, 3, 0, R, i, d, g, e, D, R

R, e, d, d, i, n, g, C, A, 9, 6, 0, 0, 1 - 2, 2, 1, 6

CITY

STATE

ZIP CODE

Title or Position

T, r, e, a, s, u, r, e, r

Telephone number 5, 3, 0 - 6, 9, 1 - 9, 9, 4, 8

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Full Name of Designated Agent

D, o, n, a, l, d, A, d, a, m, s

Mailing Address

1, 4, 3, 0, R, i, d, g, e, P, r

R, e, d, d, i, n, g C, A 9, 6, 0, 0, 1 - 2, 2, 1, 6

CITY

STATE

ZIP CODE

Title or Position

A, s, s, t, T, r, e, a, s, u, r, e, r

Telephone number

5, 3, 0 - 6, 9, 1 - 9, 9, 4, 8

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.

G, o, l, d, e, n, 1, C, r, e, d, i, t, U, n, i, o, n

Mailing Address

1, 0, 4, 0, E., C, y, p, r, e, s, s, A, v, e

R, e, d, d, i, n, g C, A 9, 6, 0, 0, 2 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201703210200085331

Jonah Agam  
1430 Ridge Dr  
Redding, CA 96001

1703210200085332  
BY THE SENATOR  
POST OFFICE  
SCREENED



17 MAR 2017 PM 4:1

Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578

120013-857878

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL **3/21/17** \_\_\_\_\_  
Date of Receipt

**3/17/17** \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE

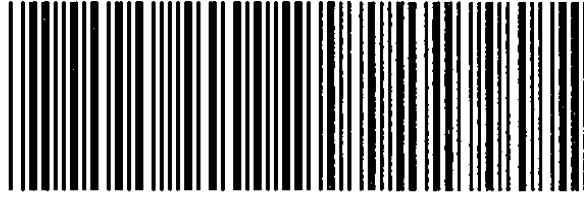
NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **HB** \_\_\_\_\_ DATE PREPARED **3/21/17** \_\_\_\_\_

201703210200085333



SEN PATCH



SEN PATCH

201703210200085334