Image# 202303149579016340				PAGE 1 / 7
FEC FORM 1	STATEME ORGANIZ		04	
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	ce Use Only
COMMITTEE (in full)	is changed)	over the lines.	TZLEAN2	
GRASSROOTS	DEMOCRATS H			
	12501 Imperial Hwy.			
ADDRESS (number and street)	Ste. 200			
is changed)	L		I CA I 19065	50
			CA 9065	ZIP CODE
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)				
<i>,</i> ,	Optional Second E-Mail Ad	dress Iana.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 03	14 <sup>Y</sup> Y Y Y 2023			
3. FEC IDENTIFICATION	NUMBER ► C C	00707091		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best	t of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasu	rer GRANT, MELISSA, , ,			
Signature of Treasurer	ANT, MELISSA, , ,	[Electronically Filed]	Date 03	14 / Y Y Y Y 2023
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing TION SHOULD BE REPORTED		penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

03/14/2023 17 : 14

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FE	EC Form 1 (Revised 03/2022)	Page <b>2</b>
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 th information below.)	e candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:     (National, State or subordinate) committee of the     (Democratic Republican, Republican	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

(h) **x** This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

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

## Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

	FEC Form 1 (Revised	02/2	onoc	))																									Г	Pad	e 3		
V	Write or Type Committee Nam		-003	')																										ay			
v						~ /	~ r	_ /	· -	-~			~																				
	GRASSROOT	IS	D	Eľ		)(		<del>۲</del>	<del>\</del>	S	5 F	1(	ך צ																				
6.	Name of Any Connected	Orga	niz	atio	n, A	ffili	iate	d C	Con	nmi	itte	e, J	oin	nt F	une	dra	isir	ng I	Rej	ore	ser	ntat	ive	, o	r Le	ead	lers	ship	• P/	AC	Spo	ons	or
	NONE	1 1	I	I			1	1	1	I	I	I	1	1	I	I	I	I	I	I	I	I	1	I	I	I	I	I	1	1			I
	Mailing Address	L																													<u> </u>		
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7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

GOULD, D	AVID, L, ,		
Full Name			
Mailing Address	12501 Imperial Hwy. Ste. 200		
	Norwalk	CA 90650	
	CITY A	STATE 🔺 ZIF	P CODE 🔺
Title or Position ▼			
CUSTODIAN OF RECORDS	Telephone nu	umber 213 - 489	9 4792

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name	GRANT, MELISSA, , ,
of Treasurer	
Mailing Address	1385 PALISADES DR
	PACIFIC PALISADES     CA     90272
	CITY A STATE A ZIP CODE A
Title or Position	,
TREASURER	Image: Telephone number   213   -   489   -   4792

FEC Form 1	I (Revised 02/2009) Page <b>4</b>	
Full Name of Designated Agent	ORELLANA, INGRID, , ,	
Mailing Address	12501 Imperial Hwy. Ste. 200	
	Norwalk CA90650	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position	$\checkmark$	
ASSISTANT TRE	EASURER	

Name	of	Bank,	Depository,	etc.
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	BANC		
Mailing Address	10400 WILSHIRE BL #320		
		CA 90024	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE

Ima	ge# 202303149579016344		
	FEC Form 1S (Revised 02/201	7) Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page of 7
5(g)	or(h). Joint Fundraising	Participant:	
	1	FEC ID number	C
	2.	FEC ID number	С
	3.	FEC ID number	C
	4.	FEC ID number	С
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY A STATE A	ZIP CODE
	Connected C	rganization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Sponsor
8.	Designated Agent: Identify b GOULD, DA Full Name	y name, address (phone number – optional) VID, L, ,	
	Mailing Address	12501 Imperial Hwy. Ste. 200	
		Norwalk CA	90650
		CITY A STATE A	
	TITLE OR POSITION ▼ ASSISTANT TREASURER	Telephone Number	213 - 489 - 4792

Name of Bank, Depository, etc.																															
Mailing Address																															
	CITY A													STATE A						ZIP CODE											

Ima	nge# 202303149579016345		
	FEC Form 1S (Revised 02/20	Optional Supplemental Information17)for Lines 5(g) or (h), 6, 8 and/or 9	Page of 7
5(g)	or(h). Joint Fundraising	Participant:	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY A STATE A	ZIP CODE
	Connected	Drganization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify COLKER, I COLKER, I Full Name	by name, address (phone number – optional) BRIAN, , ,	
	Mailing Address	12501 Imperial Hwy. Ste. 200	
	Maining Address	$ \begin{tabular}{cccccccccccccccccccccccccccccccccccc$	
			00050
		Norwalk	90650
	TITLE OR POSITION	CITY A STATE A	ZIP CODE
		213   Telephone Number	\489 \4792

Name of Bank, Depository, etc.																	1					
Mailing Address																						
	L																					
					С	ITY	∕▲					S	TAT	Έ				ZIP	C	DD		

Ima	age# 202303149579016346 —		6	
I 	FEC Form 1S (Revised 02/20	17) Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page <b>of</b>
5(g	) or (h). Joint Fundraising	Participant:	_	
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fund	raising Representative, o	r Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee Joint	t Fundraising Representative	E Leadership PAC Sponsor
8.		by name, address (phone number – optional) N, TAMARA, MELZER, ,		
	Mailing Address	12501 Imperial Hwy. Ste. 200		
		Norwalk		90650
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		1	elephone Number	4792

Name of Bank, Depository, etc.																															
Mailing Address																															
	L																														
	CITY 🔺											STATE A							ZIP CODE												