RECEIVED PEERAL ELECTOR COMMISSION PUBLIC DISCLUME BIVISION

2016 JUN -6 AM 11:03

Committee Name:

Reform the DNC

If registered, FEC ID:

Pending

Today's Date:

06/03/2016

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Copeland.

Treasurer's Name: Rita Copeland

Treasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CERTER 2016 JUN - 6 AM 9: 21 Office Use Only
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, type over the lines.	12FE4M5
Reform the DNC		
ADDRESS (number a	nd street) 5429 Madison Avenue	
(Check if a is changed		
	Sacramento	CA 95841
COMMITTEE'S E-MA	AIL ADDRESS	
(Check if a is changed		<u> </u>
COMMITTEE'S WEB	I www. ReformTheDNC com	
	CATION NUMBER > C MENT X 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		· · · · ·
Signature of Treasure	er Pita Capeland	Date 06 03 2016
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED N	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

5.

Page 2 TYPE OF COMMITTEE **Candidate Committee:** This committee is a principal campaign committee. (Complete the candidate information below.) (a) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Candidate Candidate State Office Party Affiliation Sought: House Senate President District This committee supports/opposes only one candidate, and is NOT an authorized committee. (c) Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) or subordinate) committee of the Republican, etc.) Party. **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party (f) l x 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.	
2.	
3.	
4.	

www.netfile.com

FFC	Form	1	(Rovicad)	02/2009)

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Write	or	Type	Committee	Name
*******	01	Type	Communes	Hanno

Reform the DNC

Ndne	
Mailing Address	
Mailing Address	
	CITY STATE ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor ntify by name, address (phone number – optional) and position of the person in possession of committee
books and records.	
Full Name	
Mailing Address	5429 Madison Avenue
	Sacramento
Title or Position	CITY STATE ZIP CODE
Custodian of Records	$Telephone number \begin{bmatrix} 916\\ 1 \\ 1 \\ 1 \end{bmatrix} = \begin{bmatrix} 348\\ 1 \\ 1 \\ 1 \\ 1 \end{bmatrix} = \begin{bmatrix} 9100\\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{bmatrix}$
 Treasurer: List the name and any designated agent (e.g., a 	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Rita Cop of Treasurer	
Mailing Address	5429 Madison Avenue
	Sacramento CA 95841 L L L CITY STATE ZIP CODE
Title or Position	Image: Telephone number 916 - 348 9100

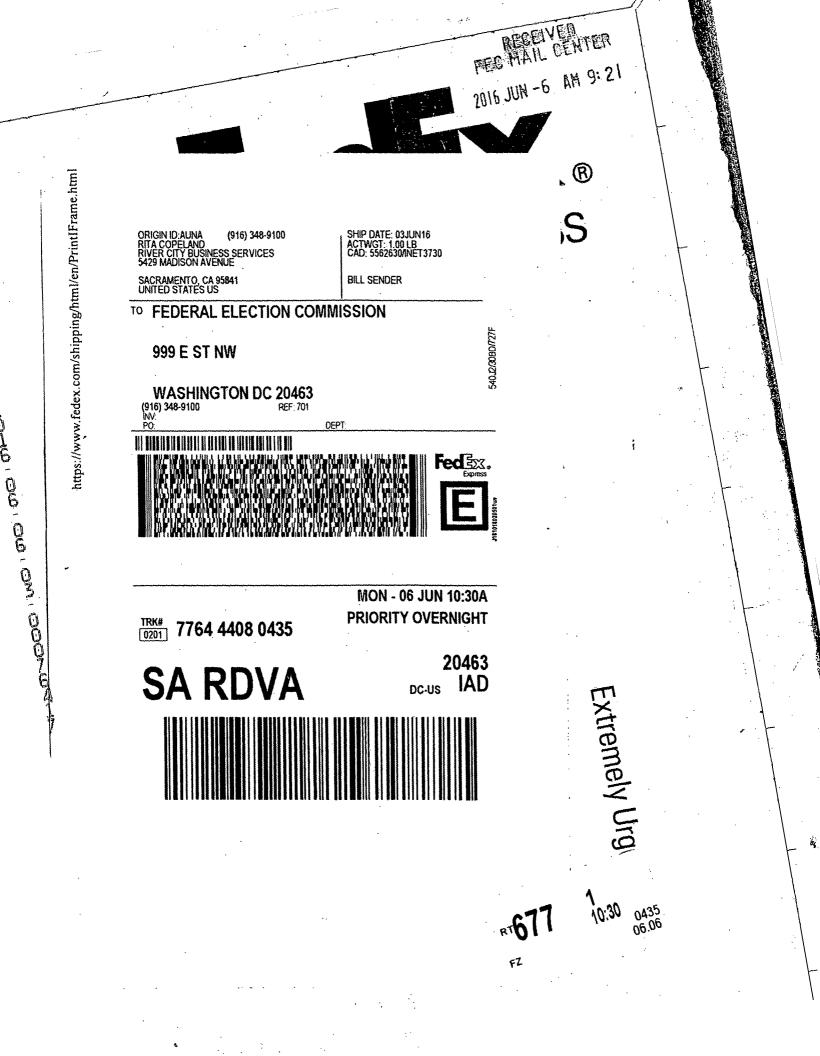
FEC Form 1 (Revised 2/2009)

Full Name of Designated Agent	None		<u>↓</u> ↓ ↓	
Mailing Address				
			STATE	
Title or Position				
		<u> </u>	ne number	└──┤──└──┴─┤─│──┴─┴┴┘
			·	
. Banks or Other safety deposit be	• Depositori oxes or maii	ies: List all banks or other depositories in which the c ntains funds.	committee deposits fu	nds, holds accounts, rents
Name of Bank,	Depository,	etc.		
		ty 1st Bank	<u>, , , , , , , , , , , , , , , , , , , </u>	
Mailing Address		2250 Douglas Blvd, Suite 190		
			<u> </u>	<u>i i i i i i i i i i i i i i i i i i i </u>
		Roseville		95661
		CITY	STATE	ZIP CODE
Name of Bank,	Depository,	etc.		<u></u>
Mailing Address		<u> </u>		
Mailing Address		<u> </u>		
Mailing Address				<u>·····</u>

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