STATEMENT OF

PAGE 1/5 =

FEC FORM 1		_	PRGANI								<i>m</i>				
1. NAME OF			(Check if name	Eva	mple:If typ	ning type	-				ffice U	lse On	ly		
COMMITTEE (in	full)		is changed)		r the lines.			12F	E4M	5					
Marty Walte	ers for	Cong	gress												
ADDRESS (number a	nd street)	5429 M	adison Avenue			1 1 1									
(Check if a		1		1 1 1 1		1 1 1	I I	1 1	1 1	1 1	ı	I I	1 1	1 1	₁
is changed	1)	Sacram	nento				1	CA	1	958	341		1 1		
							_	STATE	▮▲			ZII	P CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a		campa	aigns@rcbs.us	S											. 1
is changed	d)	Ontions	I Second E-Mail	Addross											
		Ориопа	i Second E-Maii	Address		1 1 1		1 1	1 1	1 1	ı	1 1	1 1	1 1	₁
COMMITTEE'S WEB (Check if a is changed	address	DRESS (U	JRL)												
2. DATE 0	M / D 18		Y Y Y 2018												
3. FEC IDENTIFIC	CATION NU	JMBER	C	C0063973	32										
4. IS THIS STATEN	MENT	NEV	V (N) OR	×	AME	NDED (A))								
certify that I have e	examined th	is Statem	ent and to the b	est of my	knowledge	and belie	ef it is	true,	correc	ct and	d com	plete			
Type or Print Name of	of Treasurer	King, A	lice, , ,												
Signature of Treasure	er King, .	Alice, , ,			[Electronic	ally Filed]	Da	ate	0	M 1		29	/ Y	2018	
NOTE: Submission of			complete informat								pena	.lties c	of 2 U	.S.C. {	§437g.
Office Use Only					Federal Ele	r information ection Commo 00-424-9530	nission	act:					ORI 06/20		

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Walters, Martha M., , , Candidate	
Candidate Party Affiliation Office Sought: House Senate	State CA President District O1
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
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	ne 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 committee. (i.e., nonconnected committee)	separate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	•
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi	
Committees Participating in Joint Fundraiser	
1. FEC ID number	C
2. FEC ID number	C
3.	С
4. FEC ID number	C

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Write or Type Committee Name		
Marty Walters fo	or Congress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
None		
_		
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
	fy by name, address (phone number optional) and position of the person in poss	ession of committee
books and records.		
Copeland, F Full Name	Rita, , ,	
Mailing Address	5429 Madison Avenue	
	Sacramento CA 95841	. -
Title or Position	CITY STATE 7	VID CODE
Title of Position	CITY STATE Z	ZIP CODE
Custodian of Records	916 3	9100
 Treasurer: List the name and any designated agent (e.g., as 	address (phone number optional) of the treasurer of the committee; and the name is sistant treasurer).	ie and address of
Full Name King, Alice N	Л	
of Treasurer		
Mailing Address	171 Lawrence Street	
	Quincy CA 95971	
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number 530 - 2	83 - 0325

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Full Name of Designated Agent	Walters, Cecilia, , ,	
Mailing Address	2830 Benvenue Avenue, Apartment B	
	Quincy CA 94705	
Title on Decision	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number 530 -	394 - 0648
	r Depositories: List all banks or other depositories in which the committee deposits funds, hol oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. First Foundation Bank ,2250 Douglas Blvd., Ste.190	
safety deposit bo	oxes or maintains funds. Depository, etc. First Foundation Bank ,2250 Douglas Blvd., Ste.190	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. First Foundation Bank ,2250 Douglas Blvd., Ste.190	
safety deposit bo Name of Bank, I	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190 Roseville CITY STATE	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190 Roseville CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190 Roseville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190 Roseville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. First Foundation Bank 2250 Douglas Blvd., Ste.190 Roseville CITY STATE Depository, etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend to Update Banking

Form/Schedule: Transaction ID: