**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sierra Forward 371 Lakeport Blvd., # 391 ADDRESS (number and street) (Check if address is changed) Lakeport 95453 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sierraforward@cjandassociatesinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sierraforward.com (Check if address is changed) DATE 2023 C00647297 FEC IDENTIFICATION NUMBER > 3. X 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. Johnson, Chelsea, , , Type or Print Name of Treasurer Johnson, Chelsea,,, [Electronically Filed] 07 2023 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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.)	nittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State CA President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	mmittee.
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 li	ine 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 scommittee. (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.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution a	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 committees/organizations, at least one of which is an authorized committee of a federal committee of a federal committee of a federal committee of a federal committee.	
This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	
Committees Participating in Joint Fundraiser	
1.	С
	C

	EEC Earm 1 (Parised 0	2/2000)	Page <b>3</b>
W	FEC Form 1 (Revised 0  Irite or Type Committee Name	:/2009/	rage <b>3</b>
•	Sierra Forward		
6.		ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	None		
	Mailing Address		
		CITY ▲ STATE	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	<b>Custodian of Records:</b> Ident books and records.	fy by name, address (phone number optional) and position of the p	person in possession of committee
	Johnson, C	nelsea, , ,	
	Full Name		
	Mailing Address	371 Lakeport Blvd., # 391	
		Lakeport	95453
		CITY ▲ STATI	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	916 - 749 - 3533
8.		address (phone number optional) of the treasurer of the comm	nittee; and the name and address of
	any designated agent (e.g., a	ssistant treasurer).	
	Full Name Johnson, C	nelsea, , ,	
	of Treasurer		
	Mailing Address	371 Lakeport Blvd., # 391	
		Lakeport	95453
		CITY ▲ STATI	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	916 749 - 3533

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Full Name of Designated Agent	None, , , ,	
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits oxes or maintains funds.	funds, holds accounts, rents
Name of Bank, I	Depository, etc.	
	First Foundation Bank	
Mailing Address	2233 Douglas Blvd., Suite 300	
	Roseville	95661
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisin</b>	, ranopann					-
1.			FEC	ID number	С	-
2.			FEC	ID number	C	_
3.			FEC	ID number	С	
4.			FEC	ID number	С	
ame of Any Connected	Organization, Affiliat	ed Committee, Joint	Fundraising F	Representativ	e, or Leadership PAC Sp	pon
						1
Mailing Address						
Relationship:		CITY A		STATE ▲	ZIP CODE A	<b>A</b>
		filiated Committee		sing Represent	ative Leadership PAC	C S <sub>I</sub>
				sing Represent	ative Leadership PAC	C S
esignated Agent: Identify				sing Represent	ative Leadership PAC	C SI
esignated Agent: Identify  Full Name				sing Represent	Ative Leadership PAC	C S
esignated Agent: Identify  Full Name	by name, address (p		nal)	sing Represent	Ative Leadership PAC	
esignated Agent: Identify  Full Name	by name, address (p	phone number – optio	nal)	STATE		
esignated Agent: Identify  Full Name	by name, address (p	ohone number – optio	nal)	STATE A		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank, First Fo	by name, address (p	ohone number – optio	nal)  Telephone	STATE A Number	ZIP CODE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank, First Fo	by name, address (p	ohone number – optio	nal)  Telephone	STATE A Number	ZIP CODE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank, First Forepository, etc.	by name, address (p	ohone number – optio	nal)  Telephone	STATE A Number	ZIP CODE A	