Image# 202102189428324558				
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
New Moral Majo	rity			
	1787 Tribute Road, Suite K			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
is changed)	Sacramento	1	CA 9581	5
			L_⊥_ L⊥_ STATE ▲	
COMMITTEE'S E-MAIL ADDRI				
<ul> <li>(Check if address is changed)</li> </ul>	Newmoralmajority@dea	aneandcompany.com		
is changed)	Optional Second E-Mail Add	tress		· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address	newmoralmajority.org			1
is changed)				
	· · · · · · · · · · · · · · · · · · ·			
	7 / Y Y Y Y 2021			
3. FEC IDENTIFICATION N	IUMBER ► C co	00753699		
4. IS THIS STATEMENT	NEW (N) OR			
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 c	complete.
Type or Print Name of Treasure	er Deane, Shawnda, , ,			
Signature of Treasurer	ne, Shawnda, , ,	[Electronically Filed]	Date 02	17 / Y Y Y Y 2021
NOTE: Submission of false, error	neous, or incomplete information i ANY CHANGE IN INFORMATIO	may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office		For further information co		EC FORM 1
Use Only		Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

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	orm 1 (Revised 02/2009)	Page <b>2</b>
	e 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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State CA
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political /	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

## New Moral Majority

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

None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fund	raising 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.

Deane, Sh	iawnda, , ,
Full Name	
Mailing Address	1787 Tribute Road, Suite K
	[
	Sacramento         CA         95815
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 916 285 5733

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	Deane, Shawnda, , ,
Mailing Address	1787 Tribute Road, Suite K
	L
	Sacramento         CA         95815
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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Full Name of Designated Agent	Eller, Ryan, , ,
Mailing Address	1787 Tribute Road, Suite K
	Sacramento       CA       95815
	CITY STATE ZIP CODE
Title or Position	Irer     916     -     285     -     5733       -     -     -     -     -     -     -

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.

	First Foundation Bank		
Mailing Address	1601 Response Road, Suite 190		
	Sacramento		95815
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE