Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Stanislaus Republican Central Committee (Fed) 3848 McHenry Avenue ADDRESS (number and street) 135-185 (Check if address is changed) Modesto 95356 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joycfrncs@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2021 C00041236 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. Francis, Joyce, , , Type or Print Name of Treasurer Francis, Joyce,,, [Electronically Filed] 06 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

| ı | FEC Fo i | rm 1 (Revised 02/2009) | Page 2 | | | |
|--------------|-------------------------|--|--------------------------------------|--|--|--|
| TYPI | E OF C | OMMITTEE | ·g <u>-</u> | | | |
| Can | Candidate Committee: | | | | | |
| (a) | Ш | 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. (Compleinformation below.) | ete the candidate | | | |
| Namo Cano | e of didate | | | | | |
| | didate / Affiliation | Office Sought: House Senate President | State 00 | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Cand | e of lidate | | | | | |
| Part | ty Com | nmittee: | | | | |
| (d) | × | CLID ' ' | emocratic, epublican, etc.) Party | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne | cted organization is a | | | |
| | | | _abor 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 separate segr committee. (i.e., nonconnected committee) | egated 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.) | | | | |
| Join | t Fund | raising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | | | | | |

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| W | rite or Type Com | | i age v |
| | • • | s Republican Central Committee (Fed) | |
| 6. | | Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | nip PAC Sponsor |
| ,Ca | alifornia Rep | oublican Party (Fed) | |
| | <u> </u> | | |
| | | 1001 K Street | |
| | Mailing Address | .4th Floor | |
| | | Sacramento CA 95814 | |
| | | | |
| | | CITY STATE | ZIP CODE |
| | Relationship: | Connected Organization 🗶 Affiliated Committee Joint Fundraising Representative Lea | dership PAC Sponsor |
| | | | |
| | Custodian of Rebooks and record | ecords: Identify by name, address (phone number optional) and position of the person in position. | session of committee |
| | Full Name | Francis, Joyce, , , | |
| | | 4125 McHenry Avenue | |
| | Mailing Address | A | |
| | | Modesto CA 95356 | |
| | | | |
| | Title or Position | CITY STATE : | ZIP CODE |
| | Record Keeper | | 988 |
| | | he name and address (phone number optional) of the treasurer of the committee; and the nar agent (e.g., assistant treasurer). | ne and address of |
| | Full Name | Francis, Joyce, , , | |
| | of Treasurer | I/125 McHonry Avonus | |
| | Mailing Address | 4125 McHenry Avenue | |
| | | M. I | |
| | | Modesto CITY STATE | ZID CODE |
| | Title or Position Treasurer | | ZIP CODE 988 _ 8700 |
| | | Telephone number | |

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| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
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