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STATEMENT OF **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) Nevada County Democratic Central Committee 7909 Walerga Rd., Ste. 112-1121 ADDRESS (number and street) (Check if address is changed) Antelope 95843 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nevada@cjandassociatesinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) nevadacountydemocrats.com (Check if address is changed) DATE 2020 C00568667 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] 10 26 2020 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 Only

Local 202-694-1100

	FFC F a	4 (Paying 02/2000)	Dogo 2
		omm 1 (Revised 02/2009) OMMITTEE	Page 2
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(Domogratio
(d)	×	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 separate se committee. (i.e., nonconnected committee)	egregated 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

EEC Form 1 (Pavised 02/2000)	Page 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Nevada County Democratic Central Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
None	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	possession of committee
Johnson, Chelsea, , , Full Name	
7909 Walerga Rd., Ste. 112-1121 Mailing Address	
Walling Address	
Antelope CA 9584	43
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number	- 749 - 3533
. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	e name and address of
Full Name Johnson, Chelsea, , , of Treasurer	
Mailing Address 7909 Walerga Rd., Ste. 112-1121	
Antelope CA 9584	13
CITY STATE Title or Position , Treasurer	ZIP CODE
Treasurer 916 - Telephone number	749 - 3533

FFC: Forr	n 1 (Revised	0.2/2009)				Page 4
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Full Name of Designated Agent	None, , , ,					
Mailing Address						
		CITY		STATE	;	ZIP CODE
Title or Position			Telephone num	ber		
Salety deposit or	uxes or main	ins funds.				
safety deposit be Name of Bank, Mailing Address	Depository, et					
Name of Bank,	Depository, et	undation Bank				
Name of Bank,	Depository, et	undation Bank		CA L	95661	
Name of Bank,	Depository, et	undation Bank 2233 Douglas Blvd., Suite 300		CA STATE		ZIP CODE
Name of Bank,	Depository, et	2233 Douglas Blvd., Suite 300 Roseville CITY				ZIP CODE
Name of Bank,	Depository, et	2233 Douglas Blvd., Suite 300 Roseville CITY		STATE		
Name of Bank,	Depository, et	ndation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY		STATE		
Name of Bank, Mailing Address Name of Bank,	Depository, et	ndation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY		STATE		
Name of Bank, Mailing Address Name of Bank,	Depository, et	ndation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY		STATE		

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

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(h). Joint Fundraisir	ig Participant.								
1.					FEC ID	number	C		
2.					FEC ID	number	С		
3.					FEC ID	number	С		
4.					FEC ID	number	С		
ame of Any Connected	Organization,	Affiliated Co	mmittee, Jo	int Fundrai	ising Rep	resentativ	e, or Lea	adership PAC	Spon
Mailing Address									
Relationship:		CI	TY 🛦			STATE 🛦		ZIP COD	E 🛦
	d Organization	_	Committee		Fundraising	Represent	ative	Leadership	PAC Sp
esignated Agent: Identif		_			Fundraising	Represent	ative	Leadership	PAC Sp
esignated Agent: Identif		_			Fundraising	Represent	ative	Leadership	PAC Sp
esignated Agent: Identif		_			Fundraising	Represent			
esignated Agent: Identif	y by name, add	dress (phone	number – op	otional)					
esignated Agent: Identif	y by name, add	ress (phone	number – op	otional)		Representation of the second o			
esignated Agent: Identif Full Name Mailing Address	y by name, add	dress (phone	number – op	otional)		STATE A			
esignated Agent: Identif Full Name Mailing Address	y by name, add	dress (phone	number – op	otional)		STATE A			
esignated Agent: Identif Full Name	y by name, add	lress (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, add	lress (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, US Ba	y by name, add	lress (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, US Ba	y by name, add	citres (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	
esignated Agent: Identification Full Name	y by name, add	citres (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	
esignated Agent: Identification Full Name	y by name, add	citres (phone	number – op	otional)	ephone Nu	STATE A		ZIP CODE	