PAGE 1/8 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Yolo County Republican Central Committee (Fed Acct.) 2200 Promenade Drive ADDRESS (number and street) (Check if address is changed) Woodland CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS brentvann@outlook.com (Check if address is changed) Optional Second E-Mail Address info@yolorepublicans.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://yolorepublicans.org/ (Check if address is changed) DATE 2023 C00385799 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. Vann, Brent, , , Type or Print Name of Treasurer Vann, Brent, , , [Electronically Filed] 06 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. FEC FORM 1

1	Office			For further information contact:
	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	Offiny			Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the	ne candidate information below.)
(b) This committee is an authorized committee, and is NOT a princ information below.)	ipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District 00
(c) This committee supports/opposes only one candidate, and is NO	33
Name of Candidate	
Party Committee:	
(d) This committee is a NAT (National, State or subordinate) committee	(Democratic, REP Republican, etc.) Party
or substantito) committee	Tropusioun, etc., Furty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connect	ed organization on line 6.) Its connected organization is a:
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Associatio	on Cooperative
In addition, this committee is a Lobbyist/Registrant PA	.C.
(f) This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee)	
In addition, this committee is a Lobbyist/Registrant PA	ıC.
In addition, this committee is a Leadership PAC. (Iden	
_	
(g) This committee is an independent expenditure-only political com	
In addition, this committee is a Lobbyist/Registrant PA	.C.
(h) This committee is a political committee with both contribution ar	nd non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PA	C.
Little Foodbalting Boundaries	
Joint Fundraising Representative:	e and disburges not proceeds for two or more political
(i) This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized	·
(j) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized comm	·
Committees Participating in Joint Fundraiser	
1.	C

Treasurer

		(Revised 02/2009)	Page 3
V۱	Vrite or Type Commi		
_		inty Republican Central Committee (Fed Acct.)	
6.	=	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead epublican Party	lership PAC Sponsor
	Mailing Address	1001 K Street	
		4th Floor	
		Sacramento CA 958	14
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization	Leadership PAC Sponso
7.	Custodian of Rec books and records	ords: Identify by name, address (phone number optional) and position of the person in poss.	ession of committee
		Vann, Brent, , ,	
	Full Name		
	Mailing Address	2200 Promenade Drive	
		Woodland CA 957	76
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone number	- 304 - 0066
8.		e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
	Full Name of Treasurer	Vann, Brent, , ,	
	Mailing Address	2200 Promenade Drive	
		Woodland CA 957	76
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		ZII OODL =

0066

530

Telephone number

304

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of			. aga .
Designated Agent			
Mailing Address			
Title or Position		STATE ▲	ZIP CODE ▲
	Telephone num	ber	
	Depositories: List all banks or other depositories in which the committee exes or maintains funds.	e deposits fu	nds, holds accounts, rents
Name of Bank, [epository, etc.		
	Yolo Federal Credit Union		
Mailing Address	2240 Lake Washington Boulevard		
	Suite 100		
	West Sacramento	CA	95691-6423
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DC FHŽ G7 < 98 I @ 'C F' ± H9 A ± N5 H± C B

Form/Schedule: F1A Transaction ID:

FEC: C00385799 FEC-RAD2023591901819

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraisin	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4		T EO ID Hambor	0
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		1		I I-I I
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sponsor
•	Destance Asset Health	harman adda a fabrara a kara a dha a sa dha a s		
8.	Designated Agent: Identify East, Terr Full Name	by name, address (phone number – optional) ry, , ,		
8.	East, Teri Full Name			
8.	East, Teri	y, , , ,		
8.	East, Teri Full Name	349 West Woodland Avenue	CA .	95695
8.	East, Teri Full Name	349 West Woodland Avenue Woodland		95695
8.	East, Terr Full Name Mailing Address	349 West Woodland Avenue Woodland CITY	STATE A	ZIP CODE ▲
8.	East, Terr Full Name	349 West Woodland Avenue Woodland CITY	STATE A	
 8. 9. 	Full Name	349 West Woodland Avenue Woodland CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 650 - 823 - 9306
	Full Name Mailing Address TITLE OR POSITION Principal Officer Principal Officer Address Banks or Other Depositor safety deposit boxes or main Name of Bank,	349 West Woodland Avenue Woodland CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 650 - 823 - 9306
	Full Name Mailing Address TITLE OR POSITION Principal Officer Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	349 West Woodland Avenue Woodland CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 650 - 823 - 9306
	Full Name Mailing Address TITLE OR POSITION Principal Officer Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	349 West Woodland Avenue Woodland CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE ▲ 650 - 823 - 9306

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising				
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
ame of Any Connected O	rganization, Affiliated Commit	ttee, Joint Fundrais	ing Representative	e, or Leadership PAC Spon
Mailing Address				
				1
Relationship:	CITY 4		STATE ▲	ZIP CODE ▲
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esignated Agent: Identify be Brown, Dar	y name, address (phone numb, M, , 705 West Southwood Dr.			
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esignated Agent: Identify b Brown, Dar Full Name	y name, address (phone numb, M, , 705 West Southwood Dr. Woodland	per – optional)	CA STATE A	95695
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esignated Agent: Identify to Brown, Dar Full Name	y name, address (phone number, M, , 705 West Southwood Dr. Woodland CITY ss: List all banks or other depo	per – optional)	STATE A	95695 ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

1.	F	FEC ID number FEC ID number FEC ID number FEC ID number	C
ame of Any Connected Organization, Affiliated Comm Mailing Address Relationship: CITY Connected Organization Affiliated Comm Affiliated Comm Affiliated Comm Affiliated Comm Bish, Christine, , , Full Name Mailing Address 8121 Golden Vista Way Antelope TITLE OR POSITION ▼ Principal Officer anks or Other Depositories: List all banks or other depatety deposit boxes or maintains funds. ame of Bank, epository, etc.	F	FEC ID number	
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epository, etc.		committee deposit	
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