FEC FORM 1	STATEMEI ORGANIZ	_	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
San Joaquin Cou	nty Republican Cen	tral Committee	
	430 Swallow Lane		
ADDRESS (number and street)			
X ◀ (Check if address is changed)	Lodi CITY ▲		CA 95240   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
X (Check if address is changed)	rcvjones@att.net		
	Optional Second E-Mail Ad	dress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)		
2. DATE 07	D D / Y Y Y Y 10 2024		
3. FEC IDENTIFICATION	NUMBER ► C c	00388504	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined	d this Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	urer Jones, Ria, , ,		
Signature of Treasurer Ja	ones, Ria, , ,		Date 07 / 0 0 / 2024
NOTE: Submission of false, en		may subject the person signin TION SHOULD BE REPORTE	g this Statement to the penalties of 52 U.S.C. §3010 D WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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. TYPE OF COMMITTEE:	
Candidate 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. (Complete information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate Party Committee:	<u> </u>
(d) This committee is a SUB (National, State or subordinate) committee of the REP (Democra Republica	an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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 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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1.
2.

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Write or Type Committee Name	

## San Joaquin County Republican Central Committee

6.	Name of Any Connected Or	ganization, Affi	liated	Co	omn	nitt	ee,	Jo	oint	F	uno	drai	isir	ng I	Rep	ore	se	nta	tive	e, c	or	Lea	ade	ers	hip	P/	٩C	Sp	on	sor	
	California Republican	Party																						<u> </u>							
	Mailing Address	1001 K Street			1	1					Í														1				1		
		Floor 4																													
		Sacramento				1											Ľ				L	95	814	1	1		] –	L			
				(	CIT	Y 🔺	•										ST	ATE							ZIF	۰C	OC	DE 4			
	Relationship: Connected	Organization X	( Affilia	ated	Or	gan	izat	ion	n		Jo	oint	Fu	ndr	aisi	ng	Re	pre	ser	itat	ive			] L	.ea	ders	ship	) PA	٩C	Spo	nso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jones, Ria	l, , ,				
Full Name					
Mailing Address	430 Swallow Lane				
	Lodi			95240	
		CITY 🔺	STATE 🔺	ZIP CODE 🔺	
Title or Position ▼					
Record Keeper			Telephone number		

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	Jones, Ria, , ,
of Treasurer	
Mailing Address	430 Swallow Lane
	Lodi CA95240
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Second

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

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.

Bank	of Stockton		
Mailing Address	301 E Miner Avenue		
		CA 952	202-2501
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depositor	, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE