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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) Santa Cruz County Republican Central Committee PO Box 3086 ADDRESS (number and street) (Check if address is changed) Santa Cruz 95060 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@santacruzrepublicans.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.santacruzrepublicans.com (Check if address is changed) DATE 2023 C00542837 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. Hurst, Kris, , , Type or Print Name of Treasurer Hurst, Kris,,, [Electronically Filed] 01 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. 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

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5. TYPE OF COMMITTEE:								
	Candid	ndidate 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 the information below.)	ne candidate					
	Name Candid							
	Candio Party	date Affiliation Office Sought: House Senate President	State District 00					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
		Name of Candidate						
	Party (rty Committee:						
	(d) x	This committee is a SUB (National, State PED (Democrati	c, , etc.) Party					
		of caboramato, committee of the						
	Politica	Political Action Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:					
		Corporation Corporation w/o Capital Stock Labor C	Organization					
			_					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
In addition, this committee is a Lobbyist/Registrant PAC.								
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	(g)	g) This committee is an independent expenditure-only political committee (Super PAC).						
	.5,	In addition, this committee is a Lobbyist/Registrant PAC.						
	(b)							
	(h)							
	In addition, this committee is a Lobbyist/Registrant PAC.							
	Joint F	Fundraising Representative:						
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political					
	(i)	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 committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Com	nmittees Participating in Joint Fundraiser						
	1.	C						

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V	Vrite or Type Committee Nam							
		ounty Republican Central Committee						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor California Republican Party							
		an rany 						
	1							
	Mailing Address	1001 K Street						
		4th Floor						
		Sacramento	1 95814					
	_	CITY ▲ STATE	▲ ZIP CODE ▲					
	Relationship: Connected	d Organization X Affiliated Organization Joint Fundraising Repres	entative Leadership PAC Sponso					
	Custodian of Pacords: Identify by name, address (phone number entional) and position of the name in passacion of committee							
	books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	Hurst, Kris	S						
	Full Name							
	Mailing Address	123 Glenwood Drive						
	Mailing Address							
		Scotts Valley CA	95066					
		CITY ▲ STATE	▲ ZIP CODE ▲					
	Title or Position ▼	511.1 = 51.11.2						
	Record Keeper		831 239 7031					
		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 Hurst, Kris							
	of Treasurer							
	Mailing Adalys as	123 Glenwood Drive						
	Mailing Address							
		Scotts Valley CA	95066					
		CITY ▲ STATE	▲ ZIP CODE ▲					
	Title or Position ▼							
			. 024 020 7004					

Telephone number

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Full Name of Designated	. 02/2000)		. age .			
Agent						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼						
		Telephone number				
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in valuations funds.	which the committee deposits fun	ds, holds accounts, rents			
Name of Bank, Depository	, etc.					
Come	erica Bank					
Mailing Address	1237 Soquel Avenue					
	Santa Cruz	CA L	95062			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

New treasurer

Form/Schedule: Transaction ID: