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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) is changed) over the lines. Napa County Democratic Central Committee 5445 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento 95841 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.napadems.org (Check if address is changed) DATE 29 2021 C00504233 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. Lewis, Denise, , , Type or Print Name of Treasurer Lewis, Denise,,, [Electronically Filed] 01 29 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 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. (Complete the candidate information below.)					
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	Party Committee:						
(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.						

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Write or Type Committee Name	i age o								
Napa County Democratic Central Committee									
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership 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 posit books and records. 	ion of the person in possession of committee								
Lewis, Denise, , ,									
5445 Madison Avenue									
Mailing Address									
Sacramento	CA 94559								
Title or Position CITY	STATE ZIP CODE								
Custodian of Records Telephone nur	nber 916 - 348 - 9100								
 Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer). 	e committee; and the name and address of								
Full Name O'Kelley, Johanna, , , of Treasurer									
Mailing Address Post Office Box 652									
Napa	CA 94559								
CITY Title or Position , Treasurer	STATE ZIP CODE								
L Telephone nun	nber								

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Full Name of Designated Agent Lewis, I	Denise, , ,						
Mailing Address	5445 Madison Avenue						
	Sacramento	CA 9584 STATE	I1ZIP CODE				
Title or Position Assistant Treasurer		Telephone number 916 –	348 - 9100				
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. First Foundation Bank							
Mailing Address	2233 Douglas Blvd., Suite 300						
	Roseville	CA 9566	1				
	CITY	STATE	ZIP CODE				
Name of Bank, Depositor	Name of Bank, Depository, etc.						
Mailing Address							
	CITY	STATE	ZIP CODE				

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

amend to update committee and assistant treasurer address

Form/Schedule: Transaction ID:

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

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5(g) o	or(h). Joint Fundraisin	g Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	С
	3.	<u> </u>	FEC	ID number	C
	4		FEC	ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising R	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲	_	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundrais	ng Represent	ative Leadership PAC Sponsor
8.	= = =	by name, address (phone number – opti	ional)		
	Full Name	Chair, G. Anthony, , ,			
	Mailing Address	PO Box 652			
		Napa		CA	94559
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
	POF		Telephone	Number _	707
9.					
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	n which the comi	nittee deposi	ts funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	n which the comm	nittee deposi	ts funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	which the comm	nittee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in aintains funds.	which the comm	nittee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in aintains funds.	which the comm	nittee deposi	ts funds, holds accounts, rents