Only

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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) DEMOCRATIC CLUB OF SANTA MARIA VALLEY 327 Plaza Drive ADDRESS (number and street) Suite 2 (Check if address is changed) Santa Maria 93454 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS laura.selken@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00447201 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. Selken, Laura, , , Type or Print Name of Treasurer Selken, Laura, , , [Electronically Filed] 29 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

Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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	nmittees 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 Nam	ne	
DEMOCRATIC	CLUB OF SANTA MARIA VALLEY	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	n possession of committee
Selken, L	aura, , ,	
Full Name	327 Plaza Dr Ste 2	
Mailing Address		
	Santa Maria , CA , 934	.54
	Salita ivialia	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 805	- 406 9989
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and th assistant treasurer).	e name and address of
Full Name Selken, La of Treasurer	aura, , ,	
Mailing Address	327Plaza Drive Ste 2	
	Santa Maria CA 934 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	- 406 - 9989

TEC FOR	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc. First Bank	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, [poxes or maintains funds. Depository, etc. First Bank 2027 S Broadway, Unit A	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. First Bank 2027 S Broadway, Unit A Santa Maria CITY STATE Depository, etc.	