Only

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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. Democratic Central Committee of Marin Post Office Box 683 ADDRESS (number and street) (Check if address is changed) Fairfax 94978 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) https://marindemocrats.org (Check if address is changed) DATE 2021 C00406256 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] 06 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

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. (Cominformation below.) | plete the candidate |
| 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 | ty Con | nmittee: | (Domogratio |
| (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 secommittee. (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 N | | · |
| Democratic C | Central Committee of Marin | |
| 6. Name of Any Connect | ed Organization, Affiliated Committee, Joint Fundraising Representa | ative, or Leadership PAC Sponsor |
| None | | |
| | | |
| Mailing Address | | |
| Mailing Address | | |
| | | 1 1 1-1 |
| | CITY STAT | TE ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| . Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of t | the person in possession of committee |
| | s, Denise, , , | |
| Full Name | 5445 Madison Avenue | |
| Mailing Address | | |
| | Sacramento CA | 95841 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | 916 348 9100 |
| 3. Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the comm .g., assistant treasurer). | ittee; and the name and address of |
| Full Name Organ of Treasurer | n, Kris, , , | |
| Mailing Address | 99 Redwood Road | |
| | | |
| | Fairfax CA | 94930 |
| Title or Position | CITY STATE | ZIP CODE |
| <u> </u> | Telephone number | |

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| | | |
| Full Name of Designated Agent | Lewis, Denise, , , | |
| Mailing Address | 5445 Madison Avenue | |
| | | |
| | Sacramento CA 95841 CITY STATE Z | IP CODE |
| Title or Position Assistant Treasu | urer 916 – 34 | 48 9100 |
| Danka an Ott | Depositories, List all hanks or other depositories in which the committee deposits finds halds | accounts rents |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. First Foundation Bank | accounts, rones |
| safety deposit bo | Depository, etc. | |
| safety deposit bo Name of Bank, [| Depository, etc. First Foundation Bank | |
| safety deposit bo Name of Bank, [| Depository, etc. First Foundation Bank | |
| safety deposit bo Name of Bank, [| Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CA 95661 | ZIP CODE |
| safety deposit bo Name of Bank, [| Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY STATE Z | |
| safety deposit bo Name of Bank, I | Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY STATE Z Depository, etc. | |
| safety deposit bo Name of Bank, I | Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY STATE Z Depository, etc. | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY STATE Z Depository, etc. Bank of Marin 23 Reed Blvd 23 Reed Blvd | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. First Foundation Bank 2233 Douglas Blvd., Suite 300 Roseville CITY STATE Z Depository, etc. | |