FEC FORM 1	STATEMENT OF ORGANIZATION		RECEIVED FEC MAIL CENTER 2019 DEC 26 AM 11: 50 Office Use Only		
1. NAME OF COMMITTEE (in		eck if name hanged)	Example: If typing, type over the lines.	12FE4M5	
Los Angeles Co	unty Young Democ	rats Federal			
		╧┷╍┙╸╹╶┚╴╢			<u> </u>
ADDRESS (number ar	id street) 1787 Tr	ibute Rpad, S	φiţe <sub>l</sub> K <sub>I I I I I I</sub>		
(Check if ac is changed)	dress Sacrame				<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
		CI	TY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please pr	ovide only one e-m	ail address)		
(Check if is changed	address	deralødeanear	Idcompany.com		<u> </u>
COMMITTEE'S WEB	PAGE ADDRESS (URL	)			
(Check if a is changed	address				
<ul> <li>2. DATE 12 23 2019</li> <li>3. FEC IDENTIFICATION NUMBER</li> <li>4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)</li> </ul>					
I certify that I have e		$\mathbf{i}$	f my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name of Signature of Treasure NOTE: Submission of f	r alse, erroneous, or indom	plete information ma	ay subject the person signing th		23 $2019$ $2019$ $2019$ $2019$ $2019$ $2019$
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ntact:	FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF COMMITTEE						
	Candidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	Ο	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
		Name of Candidate					
	Candidate Office State State District District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	Part	y Com	mittee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.						
	Polit	ical A	ction Committee (PAC):				
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:			
	(- <i>1</i>		Corporation Corporation w/o Capital Stock	Labor Organization			
			Membership Organization	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 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.)						
	Joint Fundraising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
	(h)	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.					
		З.	FEC ID number				
		4.	FEC ID number				
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FEC Form 1 (Revised Write or Type Committee Nan		Page 3
	ne ung Democrats Federal PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
None		
Mailing Address		
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	da Deane La la	
Mailing Address	1787 Tribute Road, Suite K	I
	Sacramento	
Title or Position	CITY STATE	ZIP CODE
	· · · · · · · · · · · · · · · · · · ·	
Custodian of Recor	ds	285 - 5733
	······································	
<ol> <li>Treasurer: List the name a any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	a Deane	
Mailing Address	1787 Tribute Road, Suite K	
	Sacramento   CA   95     CITY   STATE	
Title or Position		
Treasurer	Telephone number	285 - 5733

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Full Name of Designated Agent	Ben Seinfeld			
Mailing Address	1787 Tribute Road, Suite K			
	Sacramento CITY	STATE	95815 ZIP CODE	
Title or Position				
Assistant	reasurer Telephor	ne number 916	5 - 285 - 5733	
			· · · · · · · · · · · · · · · · · · ·	
9. Banks or Other	Depositories: List all banks or other depositories in which the c	ommittee deposits fun	ds, holds accounts, rents	
	safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
	First Foundation Bank			
Mailing Address	1601 Response Road, Suite 190			
	Sacramento	CA	95815	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.				
	1			
Mailing Address				
		<sup>1</sup> 1 1 1		
	CITY	STATE	ZIP CODE	



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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
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sf	12-26-19			
PREPARER (3/2015)	DATE PREPARED			