FEC FORM 1

STANTON ON CONTRACTOR OF STANTON

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL DENTER

officeruse Lany 3 PM 2:03

1. NAME OF	(Check if name	Example: If typing, type	12FE4M5		
COMMITTEE (in full)	is changed)	over the lines.	IZFERMS		
	ACCRATIC VA/CRAFAUC C	NILID & EDIENDO			
SHASTA COUNTY DEM	IOCKATIC MOMEN'S C	rha «Lkienna III			
			_1_1_1_1_1_1_1_1_1		
ADDRESS (number and street)	[900]	[
(Check if address is changed)	Locust Street, #4				
	[Redding		[C] [96001] [-[, ,]		
	CITY A		STATE ▲ ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	ss	•			
(Check if address is changed)	scdwcsecretary@y	ahoo.com			
	Optional Second E-Mail Add				
	Diane.Dobbins@gn	nail.com			
	•				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
(Check if address is changed)		<u> </u>			
io onangoo,	1	•	•		
2. DATE 07 31	2020				
		0536722			
3. FEC IDENTIFICATION NU	JMBER ▶ C O	0000122			
4. 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.					
Type or Print Name of Treasure	Diane Dobbins				
	n. 11	· ·	Marka / 6020 / 77272777		
Signature of Treasurer	Niare DIPU	yns .	Date 07 31 2020		
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 INFORMAT	ION SHOULD BE REPORTED V			
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ECL. ELIDIN I		

5.

TYPE OF COMMITTEE Candidate Committee:				
	This committee is a principal campaign committee. (Complete the candidate information below.)			
(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 candidate information below.)			
Name of Candidate				
Candidate	Office State			
Party Affiliati	on Sought: House Senate President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Con	nmittee:			
(d)	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
Political A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)			
loint Eund	(Iraising Representative:			
_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
(g)	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.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.	FEC ID number			

	Write or Type Committee	Name
	ShASTA	_
	ONASTA	<u> </u>
_	Name of Any Connec	

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ShASTA (COUNTY DEMOCRA	TIC WOMEN'S	CLUB & FRIEND
6. Name of Any Connected (Organization, Affiliated Committee, Joint I	Fundraising Representative,	or Leadership PAC Sponsor
	<u> </u>		
Marillan Address			
Mailing Address			_
	CITY	STATE	ZIP CODE
gaming	-		-
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representat	ive Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number o	ptional) and position of the pe	erson in possession of committee
300.00 and 1000.00.			
Full Name Cheryl	McKinley		
Mailing Address	1450	111111111	
	Oakdale Lane		
	Redding		96002
Title or Position	CITY	STATE	ZIP CODE
Chairperson		Telephone number 55	30 [945] _ [0940
Treasurer: List the name an any designated agent (e.g., and the second sec	nd address (phone number optional) of the assistant treasurer).	e treasurer of the committee;	and the name and address of
Full Name of Treasurer Diane [Dobbins	 	
Mailing Address	3415	<u> </u>	
	Hotlam Road		
	Redding	<u> </u>	96002,
Title or Position	CITY	STATE	ZIP CODE
1		Telephone number . OC	

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Spu	8/14/20			
PREPARÉR (3/2015)	DATE PREPARED			