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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) is changed) over the lines. Campaign for Democracy PAC 1700 Tribute Road, Suite 201 ADDRESS (number and street) (Check if address is changed) Sacramento 95815 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS CampaignForDemocracy@deaneandcompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2023 C00836320 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. Deane, Shawnda, , , Type or Print Name of Treasurer Deane, Shawnda, , , [Electronically Filed] 05 2023 Signature of Treasurer Date 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 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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	_
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action 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) <b>X</b> This committee supports/opposes more than one Federal candidate, and is NOT a september committee. (i.e., nonconnected committee)	parate segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution acc	ounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi	
Committees Participating in Joint Fundraiser	
1.   , , , , , , , , , , , , , , , , , ,	

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V	Vrite or Type Committee Name	_		
	Campaign for I	Democracy PAC		
6.	Name of Any Connected O Campaign for Demo	organization, Affiliated Committee, Joint	Fundraising Representative, o	or Leadership PAC Sponsor
	Campaign for Demo			
	Mailing Address	1700 Tribute Road, Suite 201		
		Sacramento	CA	95815
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Representati	ive Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number opt	tional) and position of the person	in possession of committee
	Deane, Sha	awnda, , ,		
	Full Name			
	Mailing Address	1700 Tribute Road, Suite 201		
		Sacramento		95815
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number 9	16 285 5733
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of assistant treasurer).	the treasurer of the committee;	and the name and address of
	Full Name Cobia, Line	dsey, , ,		
	of Treasurer			
	Mailing Address	1700 Tribute Road, Suite 201		
		Sacramento	CA L	95815
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 9°	16 - 285 - 5733

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Full Name of Designated Agent	Deane, Shawnda, , ,		
Mailing Address	1700 Tribute Road, Suite 201		
	Sacramento	CA95	5815
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	er ı	lephone number 916	- 285 - 5733
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which tes or maintains funds.	the committee deposits funds,	holds accounts, rents
Name of Bank, D	epository, etc.		
	First Foundation Bank		
Mailing Address	1601 Response Road, Suite 190		
	Sacramento	CA 95	815
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	1700 Tribute Road, Suite 201		
	Sacramento	CA	95815
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identify	by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		
ated Agent: Identify  Name	by name, address (phone number – optional)  CITY   Te	STATE A elephone Number the committee deposit	ZIP CODE A  s funds, holds accounts, rents
esignated Agent: Identify  Full Name	continuous (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which to intains funds.	STATE A elephone Number the committee deposit	ZIP CODE A  s funds, holds accounts, rents

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

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g) or (h). <b>Joint Fundraisin</b>	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	nising Representativ	e, or Leadership PAC Sponsor
Campaign for Der			
Mailing Address	1700 Tribute Road, Suite 201		
	Sacramento	L CA	95815
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		0,,,,,,	_
		Fundraising Represent	ative Leadership PAC Sponso
Connected			ative Leadership PAC Sponso
Designated Agent: Identify	Organization		ative Leadership PAC Sponso
Designated Agent: Identify  Full Name	Organization		ative Leadership PAC Sponso
Designated Agent: Identify  Full Name	Organization	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identify  Full Name  Mailing Address	Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Represent	
Designated Agent: Identify  Full Name	Affiliated Committee Joint  by name, address (phone number – optional)  CITY	Fundraising Represent	
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which telescores and the second secon	Fundraising Represent  STATE   ephone Number	ZIP CODE A
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which telescores and the second secon	Fundraising Represent  STATE   ephone Number	ZIP CODE A
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which telescores and the second secon	Fundraising Represent  STATE   ephone Number	ZIP CODE A
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which telescores and the second secon	Fundraising Represent  STATE   ephone Number	ZIP CODE A