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) is changed) over the lines. Campaign for Democracy Group 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 CampaignForDemocracyGroup@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 C00836338 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

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) | Page 2 |
|---|---|
| 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 | President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized comm | nittee. |
| 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) This committee supports/opposes more than one Federal candidate, and is NOT a sep 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 | counts (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 | C |
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| • | FEC Form 1 (Revise | ed 02/2009) | Page 3 |
|-------------|---------------------------------------|---|---|
| ٧ | Vrite or Type Committee Na | ame | |
| | Campaign fo | r Democracy Group | |
| 6. | = = = = = = = = = = = = = = = = = = = | d Organization, Affiliated Committee, Joint Fundraising Represer | ntative, or Leadership PAC Sponsor |
| | Campaign for Den | nocracy Committee | |
| | | | |
| | | | |
| | Mailing Address | 1700 Tribute Road, Suite 201 | |
| | | | |
| | | Sacramento | CA 95815 _ |
| | | CITY A STA | ATE ▲ ZIP CODE ▲ |
| | | | |
| | Relationship: Connec | cted Organization Affiliated Organization Scient Joint Fundraising Re | presentative Leadership PAC Sponso |
| | | | |
| | Custodian of Records: lo | dentify by name, address (phone number optional) and position of the | e person in possession of committee |
| | books and records. | | |
| | Deane, | Shawnda, , , | |
| | Full Name | | |
| | Mailing Address | 1700 Tribute Road, Suite 201 | |
| | | | |
| | | | |
| | | Sacramento | CA 95815 - |
| | | CITY ▲ STA | ATE ▲ ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Custodian of Records | Telephone number | 916 - 285 - 5733 |
| | | Totophone number | |
| 8. | Traceurary Liet the name | and address (phone number optional) of the treasurer of the con | nmittee; and the name and address of |
| 0. | any designated agent (e. | | infillitee, and the name and address of |
| | Full Name Cobia, | Lindsey, , , | |
| | of Treasurer | | |
| | Mailing Address | 1700 Tribute Road, Suite 201 | |
| | Maining / Idai 000 | | |
| | | | • |
| | | Sacramento | CA 95815 - - - - - |
| | | CITY ▲ STA | ATE ▲ ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 916 285 5733 |

| FEC Form 1 | (Revised 02/2009) | | Page 4 |
|--|---|-------------------------------|-----------------------|
| 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 ▲ |

FEC Form 1S (Revised 02/2017)

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

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| (h). Joint Fundraisi | 5 1 | | |
|--|--|---|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | С |
| | | | |
| Name of Any Connected | d Organization, Affiliated Committee, Joint F | undraising Representativ | e, or Leadership PAC Spons |
| Campaign for De | emocracy PAC | | |
| | | | |
| | 1700 Tribute Road, Suite 201 | | |
| Mailing Address | 1700 Tibute Road, Suite 201 | | |
| | | | |
| | Sacramento | CA | 95815 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | Affiliated Committee fy by name, address (phone number – optional | Joint Fundraising Represent | ative Leadership PAC Spo |
| | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | fy by name, address (phone number – optiona | | ZIP CODE A |
| Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optiona | | |
| Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional line) by name, address (phone num | STATE A | |
| Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional state of the control | STATE A Telephone Number | ZIP CODE A |
| Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit pafety deposit boxes or many part of the period of the perio | fy by name, address (phone number – optional state of the control | STATE A Telephone Number | ZIP CODE A |
| Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional content of the conten | STATE A Telephone Number | ZIP CODE A |
| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Agents or Other Deposite tafety deposit boxes or maken and maken agents. | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |
| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |
| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

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

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| | ing Participant: | | |
|--|--|---------------------------|---------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint F | undraising Representativ | e, or Leadership PAC Spons |
| Newsom for Call | fornia Governor 2022 | | |
| | | | |
| Mailing Address | 1700 Tribute Road, Suite 201 | | |
| | | | |
| | Sacramento | CA | 95815 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Ident | ify by name, address (phone number – optiona | 1) | |
| Designated Agent: Ident | ify by name, address (phone number – optiona | l) | |
| | ify by name, address (phone number – optiona | l) | |
| Full Name | ify by name, address (phone number – optiona | l) | |
| Full Name | ify by name, address (phone number – optional | l) | |
| Full Name | CITY A | STATE | ZIP CODE A |
| Full Name | CITY A | | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITIO | CITY A tories: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition of the property of the position of the property of the position of the property of th | CITY A tories: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITIO | CITY ▲ tories: List all banks or other depositories in wanaintains funds. | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or not be safety deposited. | CITY ▲ tories: List all banks or other depositories in wanaintains funds. | STATE A Telephone Number | ts funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc. | CITY A tories: List all banks or other depositories in wanaintains funds. | STATE A Telephone Number | ts funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc. | CITY A tories: List all banks or other depositories in wanaintains funds. | STATE A Telephone Number | ts funds, holds accounts, rents |