Image# 202312129599447938			PAGE	
FEC FORM 1	STATEME ORGANIZ	_		
			Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Nevada County De	mocratic Central (Committee		1 1
ADDRESS (number and street)	5445 Madison Avenue			
(Check if address is changed)				
lo onaligoay	Sacramento		CA 95841	
	CITY ▲		STATE ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	campaigns@rcbs.us			
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 12 1				
3. FEC IDENTIFICATION N	UMBER ► C C	00568667		
-				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined t	nis Statement and to the best	of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	r Lewis, Denise, , ,			
Signature of Treasurer Lewi	s, Denise, , ,)23
NOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTE	this Statement to the penalties of 52 U.S WITHIN 10 DAYS.	.C. §301
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM	

12/12/2023 19:04

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(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. (Comple information below.)	te the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State CA
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is not an autionized committee.	
Name of Candidate	
Party Committee: (National, State DEM (Demotion of the state) (d) X This committee is a SUB (National, State) DEM Republic	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Coc	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 accounts (Hybr	id PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.

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Write or Type Committee Name

Nevada County Democratic Central Committee

Name of Any Connected	Organization,	Affiliated Committee, Jo	oint Fundraising	g Representative, or Lea	adership PAC Sponsor
Mailing Address					
		CITY 🔺		STATE A	ZIP CODE
Relationship: Connec	ed Organization	Affiliated Organization	Joint Fun	draising Representative	Leadership PAC Sponso
	None	None Mailing Address	None Mailing Address	None Mailing Address L L CITY ▲	Mailing Address

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lewis, De	enise, , ,
Full Name	
Mailing Address	5445 Madison Avenue
	Sacramento CA 95841
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 916 348 9100

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lewis, Denise, , ,
Mailing Address	5445 Madison Avenue
	Sacramento CA 95841
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image:

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Full Name of Designated Agent	Russell, Marissa, , ,	
Mailing Address	5445 Madison Avenue	
	Sacramento CA 95841 I	
	CITY A STATE A ZI	P CODE 🔺
Title or Position	7	
Assistant Treasur	er 716 744	8 9100

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

F	irst Foundation Bank		
Mailing Address	18101 Von Karman Ave., Suite 750		
	Irvine		512
	CITY A	STATE A	ZIP CODE
Name of Bank, Depo	ository, etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE