## STATEMENT OF

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FORM 1		C	ORGA	NIZ	ATIO	N					Office	Use Or	nlv		
1. NAME OF COMMITTEE (ir	n full)		(Check if no			le:If typir ne lines.	ıg, type	12	2FE4	1M5	Cilido		y		
UNITED DE	EMOC	RAT	IC CAN	<b>/IPA</b>	IGN C	F AL	AME	DA	CC	UN	ITY	(UI	DC	AC)	
ADDRESS (number a	nd street)	702 Wii	ndmill Court												
X ◀ (Check if a is changed															
is shanged	-,	Concor	rd CITY 🛦					L	CA L TATE A	L	94518	ZI	-[ P CC	DDE A	
COMMITTEE'S E-MA	AIL ADDRE	:SS													
(Check if a is changed		gsanb	orn@att.n	et											
		Optiona	al Second E-	Mail Ado	dress										
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (I	JRL)												
2. DATE 0	M / D	2 / Y	2014												
3. FEC IDENTIFIC	CATION N	JMBER	•	С	00403774										
4. IS THIS STATEN	MENT X	NEV	V (N)	OR		AMEN	DED (A)								
I certify that I have e	examined th	nis Statem	nent and to t	the best	of my kno	wledge a	nd belief	it is tru	ue, co	rrect a	ınd co	mplete	<b>;</b> .		
Type or Print Name	of Treasure	r Gregor	ry E. Sanborn	l											
Signature of Treasure	er <i>Grego</i>	ory E. Sanb	orn		[E	lectronical	ly Filed]	Date	,	M M 04	′	12	/ Y	2014	Y
NOTE: Submission of	false, erron		complete info		-		_	-			he per	nalties	of 2 L	J.S.C. §	437g.
Office						or further i			t:		FI	EC F	OR	M 1	

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
			Local 202-694-1100

(Revised 06/2012)

	EEO <b>F</b> a	**** 1 (Paying 02/2000)	Pogo 9
		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		e 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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

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FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	•	
UNITED DEMO	CRATIC CAMPAIGN OF ALAME	EDA COUNTY (UDCAC)
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
None		
Mailing Address	702 Windmill Court	
Mailing Address		
	Concord	CA 94518
	CITY	STATE ZIP CODE
Relationship: Connected  Custodian of Records: Ider books and records.  Gregory E	tify by name, address (phone number optional) and position	
Full Name	702 Windmill Court	
Mailing Address	702 Windmill Court	
	Concord	CA 94518
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone num	ber 510 - 305 - 7377
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name Gregory E. of Treasurer	Sanborn	
Mailing Address	702 Windmill Court	
	Concord	

CITY

STATE

Telephone number

510

ZIP CODE

7377

305

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Full Name of Designated Agent  Mary	R. Torello	
Mailing Address	356 Bowling Green Street	
	San Leandro CITY	CA 94577 STATE ZIP CODE
Title or Position Assistant Treasurer	Telephone num	ber 510 - 326 - 3121
D. Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		ee deposits funds, holds accounts, rents
JUS	Rank	
	Bank P.O. Box 1800	
US Mailing Address	Bank P.O. Box 1800	
		MN 55101
	P.O. Box 1800	MN 55101 - I
	P.O. Box 1800  St. Paul  CITY	
Mailing Address	P.O. Box 1800  St. Paul  CITY	
Mailing Address	P.O. Box 1800  St. Paul  CITY  ory, etc.	
Mailing Address  Name of Bank, Deposit	P.O. Box 1800  St. Paul  CITY  ory, etc.	
Mailing Address  Name of Bank, Deposit	P.O. Box 1800  St. Paul  CITY  ory, etc.	