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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) over the lines. is changed) Nevada County Democratic Campaign Coalition 5429 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento 95841 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00568667 FEC IDENTIFICATION NUMBER 3. 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. Copeland, Rita, , , Type or Print Name of Treasurer Copeland, Rita, , , [Electronically Filed] 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

-	EC Ec	m 1 (Revised 02/2000)	Page 2
		M 1 (Revised 02/2009) OMMITTEE	raye Z
Can	didate	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. (Compleinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Com	mittee:	
(d)	×	CLID ' '	emocratic, epublican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
-			_abor 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 segrecommittee. (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.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name			r ago o
_	Democratic Campai	on Coalition	
	Organization, Affiliated Committee, Joint		eadership PAC Sponsor
None			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number	optional) and position of the perso	n in possession of committee
Copeland,	Rita, , ,		
	5429 Madison Avenue		
Mailing Address			
	Sacramento	CA	95841
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 916	348 9100
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the committee; and	the name and address of
Full Name Copeland,	Rita, , ,		1
of Treasurer	15429 Madison Avenue		
Mailing Address			
	· Community		
	Sacramento		7ID CODE
Title or Position , Treasurer	CITY	STATE	ZIP CODE
		Telephone number	

. 20 1011	n 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	None, , , ,					
Mailing Address						
	CITY STATE Z	ZIP CODE				
Title or Position						
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. Community 1st Bank						
	Depository, etc.					
	Depository, etc.					
Name of Bank, I	Depository, etc. Community 1st Bank					
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CA 95661	ZIP CODE				
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CITY STATE Z	ZIP CODE				
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CITY STATE Z	ZIP CODE				
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CITY STATE Z	ZIP CODE				
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CITY STATE Z	ZIP CODE				
Name of Bank, I	Community 1st Bank 2250 Douglas Boulevard, Suite 190 Roseville CITY STATE Z	ZIP CODE				

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı US Bank 2360 Grass Valley Highway Mailing Address 95603 CA Auburn CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number