Only

STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		OI	RGAN	IZAT	101	1							Off	fice I	Jse O	ınlı			
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		Example over the		ing, ty	/pe		12F	'E4	M5			736 0	illy			
Rose for us	3							<u> </u>											
															Ш				
ADDRESS (number a	nd street)	422 Larkfi	eld Ctr #1024	1 															
(Check if a is changed																			
J	,	Santa Ros CIT	sa 'Y ▲						;	CA STAT			954	03	Z	- :IP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES	SS																	
(Check if a is changed		john@r	ose4us.coi	m 															
			Second E-Ma vid.rose																
COMMITTEE'S WEB	address	DRESS (UR	,			1 1		1 1	ı			1 1	ı			1			₁ I
is changed	1)																		
2. DATE 0	7 05		y y y 2023																
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C00844	4654														
4. IS THIS STATEM	MENT X	NEW ((N) O	R		AME	NDED	(A)											
I certify that I have e	examined th	is Statemer	it and to the	best of m	ıy knov	vledge	and b	oelief	it is	true,	cor	rect	and	con	nplet	Э.			
Type or Print Name	of Treasurer	Rose, Joh	ın, , ,																
Signature of Treasure	er Rose, .	John, , ,			[Ele	ectronica	ally Fil	ed]	Da	ate		м м 07	1	D	05	1	2	y y 023	Y
NOTE: Submission of	false, errone		mplete inform											pena	alties	of 5	2 U.S	.C. §	30109
Office Use					Fed	further leral Ele Free 80	ction C	ommis		act:							RM /2012		

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Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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. (Complete the information below.)	candidate
	Name of Candidate Rose, John, David, ,	
	Candidate Party Affiliation DEM Office Sought: House Fresident	State CA District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	janization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 (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 proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
6.	Rose for us	ganization, Affiliated Committee, Joint Fund	Iraicina Ponrocontativo or	Landarchin BAC Spansor
0.	NONE	gamzanon, Annialeu Committee, John Fund	iraising nepresentative, or	Leadership FAC Sponsor
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Jo	int Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional)	and position of the person in	possession of committee
	Rose, John,	, ,		
	Full Name			
	Mailing Address	422 Larkfield Ctr #1024		
		SANTA ROSA	CA CA	95403
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 =	STATE =	211 OODL =
	Treasurer		elephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the tressistant treasurer).	easurer of the committee; an	d the name and address of
	Full Name Rose, John,	, ,		1
	of Treasurer			
	Mailing Address	422 Larkfield Ctr #1024		
		SANTA ROSA	CA L	95403
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	т т	elephone number 707	239 0432

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Full Name of Designated Agent	Rose, John, , ,		
Mailing Address	422 Larkfield Ctr #1024		
	Santa Rosa	CA 95403	
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Ager	.	one number 202 - L	681 5466
	Depositories: List all banks or other depositories in which the cases or maintains funds.	ommittee deposits funds, holds	s accounts, rents
Name of Bank, D	Depository, etc.		
	Community First CU		
Mailing Address	32 North Street		
	Healdsburg	CA 95448	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲