

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

San Joaquin County Democratic Central Committee

ADDRESS (number and street)

11 S San Joaquin St Ste 805

☒ (Check if address is changed)

Stockton

CITY ▲

CA

STATE ▲

95202

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

sjcdcc@ttstrat.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.sjcdems.org

2. DATE

MM / DD / YYYY  
04 / 18 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00529891

4. 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.

Type or Print Name of Treasurer Kelly, Beckett, , ,

Signature of Treasurer Kelly, Beckett, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 14 / 2023

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:☐

House

☐

Senate

☐

President

State

CA

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☒ This committee is a ☐ SUB (National, State or subordinate) committee of the ☐ DEM (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 separate segregated fund or party committee. (i.e., nonconnected committee)

☐

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 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.

C

2.

C

Write or Type Committee Name

**San Joaquin County Democratic Central Committee****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kelly, Beckett, , ,

Full Name

Mailing Address

11 S San Joaquin St Ste 805

Stockton

CA

95202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

209

222

8165

**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

Elliott, Renee, , ,

of Treasurer

Mailing Address

739 Loretta Ct

Stockton

CA

95207

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

209

222

8164

Full Name of  
Designated  
Agent

Kelly, Beckett, , ,

Mailing Address

11 S San Joaquin St Ste 805

Stockton

CA

95202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

209

222

8165

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.

Bank of Stockton

Mailing Address

301 E Miner Ave

Stockton

CA

95202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

Amend Committee and Officers Information, and Updated Bank Information

Form/Schedule:  
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Sasso, Chair, Barbara, , ,

Full Name

Mailing Address

531 Amber Ct

-

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

POF

Telephone Number

209

407

9210

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.

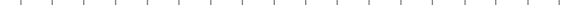

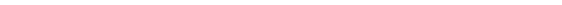
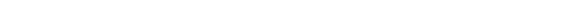
Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

1. 
2. 
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FEC ID number	C
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FEC ID number	C
FEC ID number	C

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Connected Organization    ☐ Affiliated Committee    ☐ Joint Fundraising Representative    ☐ Leadership PAC Sponsor

Full Name	
Baird, Secretary, Anne, , ,	

Mailing Address 6725 Inglewood Ave 230  
Stockton CA 95207 -

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

POF Telephone Number 209 - 222 - 8165

Name of Bank,  
Depository, etc. \_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

C	
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☐ Connected Organization    ☐ Affiliated Committee    ☐ Joint Fundraising Representative    ☐ Leadership PAC Sponsor

8165

ZIP CODE ▲