PAGE 1/8 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) San Joaquin County Democratic Central Committee 11 S San Joaquin St Ste 805 ADDRESS (number and street) (Check if address is changed) Stockton 95202 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sjcdcc@ttstrat.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sjcdems.org (Check if address is changed) DATE 2023 C00529891 FEC IDENTIFICATION NUMBER 3. X 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. Kelly, Beckett, , , Type or Print Name of Treasurer Kelly, Beckett, , , [Electronically Filed] 2023 Signature of Treasurer Date 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. FEC FORM 1

е			For further information contact:
			Federal Election Commission
,			Toll Free 800-424-9530 Local 202-694-1100
,	e e		

FE	Form	1 (Revised 03/2022)	Page <b>2</b>
	TYPE (	OF COMMITTEE:	
	Candid	date 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.)	e candidate
	Name Candi		
	Candi Party	idate Office Affiliation Sought: House Senate President	State CA District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ne of didate	
	Party (	Committee:	
	(d) <b>x</b>	This committee is a SUB (National, State or subordinate) committee of the DEM Republican,	•
	Politic	al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Labor O	rganization
		Membership Organization Trade Association Coopera	
		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)	d 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 PA	.C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	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.	r 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.	r more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	C	
	_		

_	FEC Form 1 (I	Revised 02/2009)	Page <b>3</b>
٧	Vrite or Type Committe	ee Name	
		uin County Democratic Central Committe	
6.	Name of Any Cont None	nected Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Repres	Sentative Leadership PAC Sponso
7.	Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	K	Kelly, Beckett, , ,	
	Full Name		
	Mailing Address	11 S San Joaquin St Ste 805	
		Stockton	
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Record	ds Telephone number	209 - 222 - 8165
8.		name and address (phone number optional) of the treasurer of the commi	ittee; and the name and address of
	Full Name E	Elliott, Renee, , ,	
	of Treasurer		
	Mailing Address	739 Loretta Ct	
		Stockton	95207
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	209 - 222 - 8164

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kelly, Beckett, , ,	
Mailing Address	11 S San Joaquin St Ste 805	
	Stockton	95202
Title or Position	CITY ▲ STATE	ZIP CODE ▲
Assistant Treasu	irer I	209     222     8165
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee depositories or maintains funds.	osits funds, holds accounts, rents
Name of Bank, I	Depository, etc.	
	Bank of Stockton	
Mailing Address	301 E Miner Ave	
	Stockton	95202
	CITY ▲ STATE	ZIP CODE ▲
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY ▲ STATE	ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amend Committee and Officers Information, and Updated Bank Information

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_

h). <b>Joint Fundraisi</b>	ig i artioipant.			
1.		FEC	ID number	C
2.		FEC	ID number	С
3		FEC	ID number	С
4.		FEC	ID number	C
ame of Any Connected	Organization, Affiliated Commit	tee, Joint Fundraising	Representativ	e, or Leadership PAC Spon
Mailing Address	1			
Ŭ				
				1
Relationship:	CITY A		STATE A	ZIP CODE ▲
•				_
esignated Agent: Identi	d Organization Affiliated Community by name, address (phone numb		sing Represent	ative Leadership PAC S
esignated Agent: Identi Sasso, ( Full Name	y by name, address (phone numb		sing Represent	ative Leadership PAC S
esignated Agent: Identi	y by name, address (phone numb		sing Represent	ative Leadership PAC S
esignated Agent: Identi Sasso, ( Full Name	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct			
esignated Agent: Identi Sasso, ( Full Name	y by name, address (phone numb		CA	95376
esignated Agent: Identi Sasso, of Full Name Mailing Address	y by name, address (phone numb			95376 ZIP CODE <b>A</b>
esignated Agent: Identi Sasso, of Full Name Mailing Address	y by name, address (phone numb		CA STATE A	95376
esignated Agent: Identi Sasso, of Full Name Mailing Address	y by name, address (phone numb	er – optional)	CA STATE A	95376 ZIP CODE <b>A</b>
esignated Agent: Identi Sasso, G Full Name Mailing Address  TITLE OR POSITION POF Anks or Other Deposite	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone	CA STATE A	95376 ZIP CODE <b>A</b>
esignated Agent: Identic Sasso, of Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Deposite afety deposit boxes or mailing and mailing	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone	CA STATE A	95376 ZIP CODE <b>A</b>
esignated Agent: Identic Sasso, of Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone	CA STATE A	95376 ZIP CODE   209 - 407 - 92 ts funds, holds accounts, ren
esignated Agent: Identi Sasso, 0 Full Name	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone sitories in which the com	STATE A  Number	95376 ZIP CODE   209 - 407 - 92 ts funds, holds accounts, ren
esignated Agent: Identic Sasso, of Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone sitories in which the com	STATE A  Number	95376 ZIP CODE   209 - 407 - 92 ts funds, holds accounts, ren
esignated Agent: Identic Sasso, of Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	y by name, address (phone numb Chair, Barbara, , , 531 Amber Ct  Tracy  CITY A	er – optional)  Telephone sitories in which the com	STATE A  Number	95376 ZIP CODE   209 - 407 - 92 ts funds, holds accounts, ren

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

TITLE OR POSITION POF Anks or Other Depositor afety deposit boxes or ma	ries: List all banks or	CITY   other depositories in w	Telephone N	umber	95207  ZIP CODE   209  222  816  s funds, holds accounts, rent
TITLE OR POSITION POF Banks or Other Depositor afety deposit boxes or ma	Stockton  Tries: List all banks or		Telephone N	STATE   umber	ZIP CODE ▲  209 - 222 - 816
TITLE OR POSITION POF Banks or Other Depositor afety deposit boxes or ma	Stockton  Tries: List all banks or		Telephone N	STATE   umber	ZIP CODE ▲  209 - 222 - 816
TITLE OR POSITION POF Banks or Other Depositor afety deposit boxes or ma	Stockton  Tries: List all banks or		Telephone N	STATE   umber	ZIP CODE ▲  209 - 222 - 816
TITLE OR POSITION POF Anks or Other Depositor afety deposit boxes or ma	Stockton  Tries: List all banks or		Telephone N	STATE   umber	ZIP CODE ▲  209 - 222 - 816
TITLE OR POSITION	Stockton		Telephone N	STATE   umber	ZIP CODE ▲  209 - 222 - 816
TITLE OR POSITION	Stockton	CITY A		STATE A	ZIP CODE ▲
TITLE OR POSITION	Stockton	CITY A		STATE A	ZIP CODE ▲
Mailing Address					
Mailing Address					05207
Mailing Address	6725 Inglewood Av				
	. G70F Inclaused A	E 23U			
Full Name		230			
Designated Agent: Identify Baird, Se	by name, address (p	hone number – option	al)		
Connected	I Organization Aff	iliated Committee	Joint Fundraising	g Representa	ative Leadership PAC Sp
Relationship:		CITY A	ı	STATE ▲	ZIP CODE ▲
Mailing Address					
lame of Any Connected	Organization, Affiliate	ed Committee, Joint F	Fundraising Rep	presentative	e, or Leadership PAC Spons
4.	<u> </u>		FEC II	) number	C
4.			   FEC II	number	C
3.			FEC II	) number	C

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisin</b> ç	Participant:			
1.		FEC FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	С
4.		FEC	ID number	С
ame of Any Connected	Organization, Affiliated Committee	Joint Fundraising R	epresentativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee	_	ing Represent	ative Leadership PAC S
esignated Agent: Identify Patterson Full Name	by name, address (phone number -, Vice Chair, Maria, , ,	_	ing Represent	ative Leadership PAC S
esignated Agent: Identify Patterson	by name, address (phone number -	_	ing Represent	ative Leadership PAC S
esignated Agent: Identify Patterson Full Name	by name, address (phone number -, Vice Chair, Maria, , ,  2754 W Swain Rd	_		
esignated Agent: Identify Patterson Full Name	by name, address (phone number -, Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton	_	CA	95207
esignated Agent: Identify Patterson Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number -, Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton	- optional)	CA STATE ▲	95207 ZIP CODE <b>A</b>
esignated Agent: Identify Patterson Full Name Mailing Address	by name, address (phone number -, Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton	- optional)	CA STATE A	95207
Patterson Full Name Mailing Address  TITLE OR POSITION POF Anks or Other Depositor afety deposit boxes or ma	by name, address (phone number - , Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton  CITY   ies: List all banks or other deposito	- optional)  Telephone	CA STATE A Number	95207 ZIP CODE <b>A</b>
Patterson Full Name  Mailing Address  TITLE OR POSITION POF  anks or Other Depositor afety deposit boxes or ma  ame of Bank,	by name, address (phone number - , Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton  CITY   ies: List all banks or other deposito	- optional)  Telephone	CA STATE A Number	95207 ZIP CODE <b>A</b>
Patterson Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number - , Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton  CITY   ies: List all banks or other deposito	- optional)  Telephone	CA STATE A Number	95207 ZIP CODE <b>A</b>
Patterson Full Name Mailing Address  TITLE OR POSITION POF  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number - , Vice Chair, Maria, , ,  2754 W Swain Rd  Stockton  CITY   ies: List all banks or other deposito	- optional)  Telephone	CA STATE A Number	95207 ZIP CODE <b>A</b>