

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

Santa Clara County United Democratic Campaign

ADDRESS (number and street) 2901 Moorpark Avenue, Suite 110

(Check if address is changed)

San Jose

CITY ▲

CA

STATE ▲

95128

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

campaigns@rcbs.us

Optional Second E-Mail Address
chair@sccdp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.sccdp.org

2. DATE 02 / 02 / 2023

3. FEC IDENTIFICATION NUMBER ▶ C C00231076

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 Lewis, Denise, , ,

Signature of Treasurer Lewis, Denise, , ,

[Electronically Filed]

Date

02 / 02 / 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 Only

For 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 Candidate _____

Candidate Party Affiliation Office 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

Santa Clara County United Democratic Campaign

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

None

[Grid lines for organization name]

Mailing Address

[Grid lines for 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.

Lewis, Denise, , ,

Full Name

[Grid lines for full name]

Mailing Address

5445 Madison Avenue

[Grid lines for address line 2]

Sacramento

CA

95841

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

[Grid lines for title]

Telephone number

916

348

9100

[Grid lines for phone number]

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).

Ramos, Angelica, , ,

Full Name of Treasurer

[Grid lines for full name]

Mailing Address

2901 Moorpark Avenue, Suite 110

[Grid lines for address line 2]

San Jose

CA

95128

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

[Grid lines for title]

Telephone number

408

445

9500

[Grid lines for phone number]

Full Name of Designated Agent Lewis, Denise, , ,

Mailing Address 5445 Madison Avenue Sacramento CA 95841 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 916 348 9100

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.

First Foundation Bank

Mailing Address 18101 Von Karman Ave, Suite 750 Irvine CA 92612 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Update Bank and Treasurer Information

Form/Schedule:
Transaction ID: