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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in fi	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Pacific Coast F	Producers Political Action Committee Federal	
		· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and st		<u> </u>
(Check if address is changed)	Sacramento	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
.		
COMMITTEE'S WEB F (Check if address is changed) 2. DATE	AGE ADDRESS (URL)	
3. FEC IDENTIFICAT		
4. IS THIS STATEME		
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of T	reasurer J. Richard Eichman	
Signature of Treasurer	Electronically Filed by J. Richard Eichman	Date M M / D D / Y Y Y Y 1 1 0 / 2 0 1 0
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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(h)

FEC	Form 1 (Revised 02/2009)	Page 2
5. TYPE OF C	OMMITTEE (Check One)	
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.)	ne candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com (d)	nittee: (National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	
(e) X	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	oor Organization
	X Membership Organization Trade Association Co	ooperative
	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)	I 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 Fundr	aising Representative:	
(g)	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

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.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 Sacramento CA 95814 Title or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲	FEC Form 1 (Revised	02/2009)		Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Pacific Coast Producers Mailing Address Mailing Address LLodi CITYA STATEA ZIP CODE A Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 StatEa ZIP CODE A Sacramento CA StatEa ZIP CODE A StatEa ZIP CODE A Mailing Address 1127 11th Street, Suite 300 StatEa ZIP CODE A Mailing Address 1127 11th Street, Suite 300 Statea Statea Statea ZIP CODE				
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Mailing Address 631 North Cluff Avenue Mailing Address 631 North Cluff Avenue L L CITVA STATEA ZIP CODE A Relationship: X X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 State A ZIP CODE A Custodian of Records CITY A State A ZIP CODE A Custodian of Records 1127 11th Street, Suite 300 State A ZIP CODE A Custodian of Records Telephone number 916 - 442 - 2 8. Treesurer: 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 of Treasurer J. Richard Eichman 1117 11th Street Suite 200 1117 11th Street Suite 200	6. Name of Any Connected C	Drganization, Affiliated Committee, Joint F	undraising Representative, or Leade	ership PAC Sponsor
Mailing Address	Pacific Coast Producer	'S 		
Mailing Address				
CITY▲ STATE▲ ZIP CODE ▲ Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 Custodian of Records Itile or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲ Custodian of Records Telephone number 916 - 442 - State ▲ agent committee; and 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 J. Richard Eichman of Treasurer J. Richard Eichman	Mailing Address	631 North Cluff Aven	ue	
CITY▲ STATE▲ ZIP CODE ▲ Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 Custodian of Records Itile or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲ Custodian of Records Telephone number 916 - 442 - State ▲ agent committee; and 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 J. Richard Eichman of Treasurer J. Richard Eichman				
Relationship:		LLodi		95241 _
x Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spectro Spectra Spec		CITY	STATE 🛦	ZIP CODE 🔺
7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 Sacramento CA 95814	Relationship:			
possession of Committee books and records. Full Name J. Richard Eichman Mailing Address 1127 11th Street, Suite 300 Sacramento CA 95814	X Connected Organizatio	n Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Custodian of Records Telephone number 916 - 442 - 2 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 of Treasurer J. Richard Eichman	possession of Committe	ee books and records. chard Eichman		
Custodian of Records Telephone number 916 - 442 - 2 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 of Treasurer J. Richard Eichman		Sacramento	CA	95814 _
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 of Treasurer J. Richard Eichman	Title or Position ▼	CITY 🛦	STATE	
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer	Custodia	an of Records	Telephone number916	4422280
of Treasurer J. Richard Eichman				ttee; and the
Mailing Address 1127 11th Street, Suite 300	L Dia	chard Eichman		
	Mailing Address	1127 11th Street, Sui	te 300	
Sacramento CA 95814 –		Sacramento	CA	95814

Title or Position ♥	CITY A	ST	ATEA	ZIP COI	DE 🛦
Treasurer		Telephone number	916	442	2280

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Full Name of Designated Agent	Mark Wahlman				
Mailing Address	631 North Cluff Avenue				
	Lodi	CA		95241	
Title or Position ♥	CITY A	STAT	E 🔺	ZIP CODE	A
Assist	ant Treasurer	Telephone number	209		8800
Banks or Other Depos safety deposit boxes or r Name of Bank, Deposito	maintains funds.	hich the committee deposit	s funds, hol	ds accounts, rents	5
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A. Form/Schedule : F1A Transaction ID :