

Law Offices of

OLSON

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LLP



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FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 6 2 26 PM '99

Date: 7/2/99

Federal Election Commission
999 E St., NW
Washington, DC 20463

Re: CA Assn. of Marriage & Family Therapists PAC - Federal

Dear Sir, or Madam:

Period N/A through _____

Enclosed is the original of the following document(s) for the above referenced Committee;

_____ Enclosed is/are _____ copy/copies of the following document(s) for the above reference Committee:

_____ FEC3X

_____ FEC2

_____ FEC1

Please endorse one copy of each document

_____ Please endorse this transmittal letter

and return to us per the enclosed envelope or _____ via courier.

Sincerely,

**OLSON, HAGEL, LEIDIGH,
WATERS & FISHBURN, LLP**

CAMPAIGN REPORTS DIVISION

cc: CA Secretary of State

LANCE H. OLSON
BRUCE J. HAGEL
GEORGE WATERS
DIANE M. FISHBURN
LEROY Y. FONG
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Sacramento, CA 95814-4602

Telephone [916] 442-2952
Facsimile [916] 442-1280

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>California Assn of Marriage & Family Therapists PAC</u>	2. DATE <u>July 1, 1999</u>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) - Federal <u>555 Capitol Mall, Suite 1425</u>	3. FEDERAL IDENTIFICATION NUMBER _____
(c) City, State and ZIP Code <u>Sacramento, CA 95814</u>	4. IS THIS STATEMENT AN AMENDMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

5. TYPE OF COMMITTEE (Check one)

(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	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
California Association of Marriage & Family Therapists	7901 Raytheon Rd. San Diego, CA 92111	Connected Organization

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Lance H. Olson	555 Capitol Mall, Suite 1425 Sacramento, CA 95814	Attorney

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	Mailing Address	Title or Position
Mary Riemersma	7901 Raytheon Rd. San Diego, CA 92111	Treasurer

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 and ZIP Code
US Bank	980 Ninth St. Sacramento, CA 95814

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 <u>Mary Riemersma</u>	SIGNATURE OF TREASURER 	DATE <u>7/1/99</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-2-99
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	7-6-99 DATE PREPARED