Image# 11931792105

## **STATEMENT OF**

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in to the community of the commun	(Check if name full) X is changed)	Example: If typying, typ over the lines	12FE4M5	Office use only
California Ass	ociation of Mortgage Professi	onals PAC- Federal		
ADDRESS (number and s	street)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Check if address is changed)	Sacramento		CA	95814
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address		<u> </u>		1111111
is changed)		<u> </u>	<u> </u>	
2. DATE 0.7	/ D D / Y Y Y Y Y Y Y 111			
3. FEC IDENTIFICA	TION NUMBER	C C00322560		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (	A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, con	rect and complete	
Type or Print Name of	Treasurer J. Richard Eic	hman		
Signature of Treasurer	Electronically Filed by J. Richa	ard Eichman	_ Date 07	/ 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information  ANY CHANGE IN INFORM	may subject the person signing th	•	
Office Use Only		For further inform Federal Election Co Toll Free 800-424-	ommission 9530	FEC FORM 1 (Revised 02/2009)

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5.	TYPE <b>Candi</b>						
	(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 Candi						
	Candid Party A	date Affiliati	Office Sought: House Senate President	State			
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi						
	Party	Comm					
	(d)		(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Action 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 Lab	oor Organization			
			X Membership Organization Trade Association Co	operative			
	<b>(f)</b>	(f)	In addition, this committee is a Lobbyist/Registrant PAC.				
	(1)		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 F	loint Fundraising Representative:					
	(g)						
	(h)	(h) 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				
			. FEC ID number C				

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W	rite or Type Committee Name					
	California Association of	of Mortgage Professionals PAC	- Federal			
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joi	nt Fundraising Represe	ntative, or Leade	rship PAC Spons	or
		<u> </u>				
		. 4005 Fireball Ottor of				
	Mailing Address	1225 Eighth Street, Suite 425				
		Sacramento		[ ÇA ]	95814	
		CITY▲		STATE A	ZIP CODE	<b>A</b>
	Relationship:					
	X Connected Organization	Affiliated Committee	Joint Fundraising Rep	resentative	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.  Full Name  Mailing Address  1127 11th Street, Suite 300					
		Sacramento		CA	95814	
	Title or Position ▼	CITY A		STATE	ZIP CODE	Δ
	Custodian	of Records	Telephone nun	040	442	2280
8.	Treasurer: List the name and address of any  Full Name of Treasurer  Mailing Address	*	er of the commit	ttee; and the		
		Sacramento		CA	95814 _	
	Title or Position ♥	CITY A		STATE A	ZIP CODE	
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	Treasurer		Telephone nur	mber 916	442	2280

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Full Name of Designated Agent	None					
Mailing Address						
Title or Position ▼	CITY A	STATE A	ZIP CODE A			
	Tele	ephone number –				
Name of Bank, Depository, etc.	ety deposit boxes or maintains funds.					
Mailing Address	California					
	www.wellsfargo.com					
	CITY 🗖	STATE. <b>△</b>	ZIP CODE 🛕			
Name of Bank, Depository, etc.	c.					
Mailing Address						
	CITY 🗖	STATE. <b>▲</b>	ZIP CODE 🛕			

 $\textbf{A.} \;\; \text{Form/Schedule}: \; \textbf{F1A}$ 

Amending to change name of committee

Transaction ID: