STATEMENT OF

FORM 1	ORGANIZ (See instru			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, typ over the lines	12FE4M5	
Wescom Credi	it Union Federal PAC			
ADDRESS (number and s	street) 123 S. Marengo A	venue 		
(Check if address				
is changed)	Pasadena		<u>CA</u>	91101
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address			111111	
is changed)			111111	
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00409342		
4. IS THIS STATEM	ENT NEW (N) OF	X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my	knowledge and belief it is true, co	rrect and complete	
Type or Print Name of	Treasurer J. Richard Eig	hman		
Signature of Treasurer	Electronically Filed by J. Rich	ard Eichman	_ Date 0 3	/ D D / 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 INFOR	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)

	ı	FEC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) 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.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
			Corporation Corporation w/o Capital Stock Lal	bor Organization
			X Membership Organization Trade Association Co	poperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	(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.)	
	loint F	Eundra	ising Representative:	
		unura		199
	(g)	Ш	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
	(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.			
		Comi	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			. FEC ID number C	

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Write or Type Committee Name						
Wescom Credit Union F	ederal PAC					
6. Name of Any Connected Org	ganization, Affiliated Committee, Jo	oint Fundraising Representative,	or Leadership PAC Sponsor			
None						
Mailing Address						
		<u> </u>				
	CITY	STATE	E ▲ ZIP CODE ▲			
Relationship: Connected Organization	Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	ard Eichman					
Mailing Address	1127 - 11th Stree	t, Suite 300				
	Sacramento	CA	95814			
Title or Position ▼ Custodian	of Records	STAT Telephone number	ZIP CODE 1 916 - 442 - 2280			
	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	nard Eichman					
Mailing Address	1127 - 11th Stree	t, Suite 300				
	Sacramento		<u>95814</u>			
Title or Position ♥	CITY A	STAT	ZIP CODE A			
Treasurer		Telephone number	916 _ 442 _ 2280			

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Full Name of Designated Agent	Laura Ann Stephen				
Mailing Address	1127 - 11th Street, Suite 300				
	Sacramento		95814 –		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
Assista	ant Treasurer	Telephone number 916	442		
safety deposit boxes or n Name of Bank, Depositor					
Mailing Address	1108 O Street		1		
	Sacramento	ÇA	95852		
	Sacramento CITY 🛕		95852 ZIP CODE		
Name of Bank, Deposito	CITY 🗖	ÇA L			
Name of Bank, Deposito	CITY 🗖	ÇA L			
Name of Bank, Depositor Mailing Address	CITY 🗖	ÇA L			
	CITY 🗖	ÇA L			
	CITY 🗖	STATE A			

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the of	committee deposits funds, holds a	ccounts, rents
Name of Bank, Depository, etc.		[A	DDITIONAL]
Mailing Address			
l			
	CITY 🗖	STATE. △	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraisin	g Representative, or Leadership	[ADDITIONAL] p PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE 🛦	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraisin	ng Representative Leaders	hip PAC Sponsor
Designated Agent]	ADDITIONAL]
	Spicer, Chair 123 South Marengo Avenue		
	Pasadena	CA	91101
Title or Position ▼	CITY A	STATE₄	ZIP CODE A
POF		626 elephone number	535 1000
Joint Fundraiser Participant		FEC ID number C	ADDITIONAL]