



CALIFORNIA PORTLAND CEMENT COMPANY

2025 E. FINANCIAL WAY, GLENDORA, CA 91741 / TEL. (626) 852-6200 FAX (626) 853-2001

RECEIVED
FEC MAIL CENTER
2008 MAR 25 AM 8:40

March 18, 2008

Federal Election Commission
999 E. Street, NW
Washington, D.C. 20463

Re: California Portland Cement Company Political Action Committee Identification
Number: C00389429

Gentlemen:

Effective March 18, 2008, the CPCC-PAC designated Matthew L. Hissong the Treasurer and Mary C. Hernandez the Assistant Treasurer of the CPCC-PAC. These changes are documented in the Amended Statement of Organization (FEC Form 1) attached to this letter.

Sincerely,

Matthew L. Hissong
CPCC-PAC Treasurer

Cc: Nadine Heinrich

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CALIFORNIA PORTLAND CEMENT COMPANY POLITICAL ACTION COMMITTEE
(CPCC-PAC)

ADDRESS (number and street) 2025 EAST FINANCIAL WAY

(Check if address is changed)

GLENDORA CA 91741

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 03 18 2008

3. FEC IDENTIFICATION NUMBER C 00389429

4. IS THIS STATEMENT NEW (N) OR X 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 MATTHEW L. HISSONG

Signature of Treasurer

Date 03 18 2008

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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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 District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (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

- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (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
4. _____ FEC ID number C
5. _____ FEC ID number C

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

[Empty grid line for full name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line for title or position]

Telephone number

[Empty grid lines for telephone 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).

Full Name of Treasurer

MATTHEW L. HISSONG

Mailing Address

CALIFORNIA PORTLAND CEMENT COMPANY

2025 EAST FINANCIAL WAY

GLENDORA CA 91741

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

626 - 852 - 6200

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Full Name of Designated Agent

MARY C. HERNANDEZ

Mailing Address

2025 EAST FINANCIAL WAY

GLENDORA

CITY

CA

STATE

91741

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

626

852

6200

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

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/18/08
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ER
 PREPARER
 (3/2005)

3/25/08
 DATE PREPARED