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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Association of Mortgage Professionals PAC- Federal 8777 Auburn Folsom Road, #318 ADDRESS (number and street) (Check if address is changed) Granite Bay 95746 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aubynjo@ajdeanconsulting.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.thecampsite.org (Check if address is changed) DATE 2016 C00322560 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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. Aubyn Jo Dean Type or Print Name of Treasurer Aubyn Jo Dean [Electronically Filed] 04 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE  Candidate Committee:	
(a) This committee is a principal campa	aign committee. (Complete the candidate information below.)
(b) This committee is an authorized corinformation below.)	nmittee, and is NOT a principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought:	House Senate President District
(c) This committee supports/opposes or	nly one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Committee:	(National, State Democratic,
(d) This committee is a	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segre	gated fund. (Identify connected organization on line 6.) Its connected organization is
Corporation	Corporation w/o Capital Stock Labor Organization
Membership Organization	Trade Association Cooperative
In addition, this comm	nittee is a Lobbyist/Registrant PAC.
(f) This committee supports/opposes m committee. (i.e., nonconnected comm	nore than one Federal candidate, and is NOT a separate segregated fund or part nittee)
In addition, this committee is	a Lobbyist/Registrant PAC.
In addition, this committee is	a Leadership PAC. (Identify sponsor on line 6.)
Joint Fundraising Representative:	
_	pays fundraising expenses and disburses net proceeds for two or more political
committees/organizations, at least on	e of which is an authorized committee of a federal candidate.
/l-) This committee of the second with the second s	pays fundraising expenses and disburses net proceeds for two or more political nich is an authorized committee of a federal candidate.
	ion to an authorized committee of a four-far canadate.
committees/organizations, none of wh	
Committees Participating in Joint Fund	draiser
Committees/organizations, none of who	draiser

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Write or Type Committee Name		
California Asso	ciation of Mortgage Professionals PAC-Fed	leral
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
California Association	of Mortgage Professionals	
Mailing Address	1022 "G" Street	
	Sacramento CA 95816	
	CITY STATE ZI	P CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Aubyn Jo Full Name	Dean	
Mailing Address	8777 Auburn Folsom Rd, #318	
-	1	
	Granite Bay CA 95814	
Title or Position	CITY STATE ZIF	P CODE
Custodian of Records		0 0217
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Aubyn Jo I	Dean	<b>.</b>
Mailing Address	8777 Auburn Folsom Rd, #318	
<b>3</b>		
	Granite Bay CA 95746	
Title or Decition	CITY STATE ZIF	CODE
Title or Position Treasurer		0217

Telephone number

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Full Name of Designated Agent	None	
Mailing Address	6	
	CITY STATE	ZIP CODE
Title or Position	n en	
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds.  Depository, etc.	ido decodino, ronko
safety deposit b Name of Bank,	Depository, etc.  Union Bank	
safety deposit b	Depository, etc.  Union Bank	
safety deposit b Name of Bank,	Depository, etc.  Union Bank	
safety deposit b Name of Bank,	Depository, etc.  Union Bank  California	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Union Bank  California  www.unionbank.com	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Union Bank  California  www.unionbank.com  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Union Bank  California  www.unionbank.com  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Union Bank  California  www.unionbank.com  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Union Bank  California  www.unionbank.com  CITY  STATE  Depository, etc.	ZIP CODE