06/20/2002 17 : 27

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

California Association of Nurse Practitioners Federal

ADDRESS (Number and street)

1127-11th Street, Suite 300

(Check if address is changed)

Sacramentp CA 95814 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 / 19 / 2002

3. **FEC IDENTIFICATION NUMBER** ▶ C00360768

4. IS THIS STATEMENT X 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

Type or Print Name of Treasurer J. Richard Eichman

Signature of Treasurer Electronically Filed by J. Richard Eichman Date 06 / 19 / 2002

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 202-694-110

FEC FROM 1
(Revised 1/2001)

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: House Senate President

State District

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

Name of Candidate

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

(e) X 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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

CA Association of Nurse Practitioners

Mailing Address 2300 Bethards Drive, Suite K

Santa Rosa CA 95405

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CA Asspciation of Nurse Practitioners

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

California Association of Nurse Practitioners Federal

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: J. Richard Eichman

Mailing Address: 1127-11th Street, Suite 300

Sacramento — CITY ▲

CA — STATE ▲

95814 — ZIP CODE ▲

Title or Position ▼: CST

Telephone number: 916 - 442 - 2280

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: J. Richard Eichman

Mailing Address: 1127-11th Street, Suite 300

Sacramento — CITY ▲

CA — STATE ▲

95814 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 916 - 442 - 2280

Full Name of Designated Agent:

Mailing Address:

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼:

Telephone number: - -

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 △