Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Berry Farmers Federal PAC 455 Capitol Mall, Suite 600 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fppc@bmhlaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2021 C00530725 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. Titus, Ashlee, , , Type or Print Name of Treasurer Titus, Ashlee, , , [Electronically Filed] 07 08 2021 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>		
. 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. (Cominformation below.)	plete the candidate		
Nam Cand	e of didate				
	didate y Affiliati	on Office Sought: House Senate President	State CA District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cand	e of didate				
Par	ty Con	nmittee:	(Domogratio		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party		
Poli	itical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is		
		Corporation Wo Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)			
Join	nt Fund	Iraising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political		
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.				
	4.	FEC ID number C			

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Write or Type Committee N		<u> </u>
California Bei	rry Farmers Federal PAC	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
None		
Mailing Address		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
	Ashlee, , ,	
Full Name Mailing Address	455 Capitol Mall, Suite 600	
Mailing Address		
	Sacramento	A 95814
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	916 442 7757
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comn.g., assistant treasurer).	nittee; and the name and address of
Full Name Titus, and of Treasurer	Ashlee, , ,	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento	95814
Title or Position	CITY STATI	
Treasurer	Telephone number	916 442 7757

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Full Name of Designated Agent Jer	nkins, KC, , ,	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento CITY STATE	ZIP CODE
Title or Position Assistant Treasurer		-   442   -   7757
Banks or Other Dep safety deposit boxes Name of Bank, Depo		holds accounts, rents
safety deposit boxes	or maintains funds.	holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.  ository, etc.  & M BANK	holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	holds accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  & M BANK	holds accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  & M BANK	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  Sitory, etc.  MBANK  CAPITOL OFFICE, 1303 J STREET	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  Sitory, etc.  & M BANK  CAPITOL OFFICE, 1303 J STREET  SACRAMENTO  CITY  STATE	:14
safety deposit boxes  Name of Bank, Depo  F  Mailing Address	or maintains funds.  Sitory, etc.  & M BANK  CAPITOL OFFICE, 1303 J STREET  SACRAMENTO  CITY  STATE	:14
safety deposit boxes  Name of Bank, Depo    F     Mailing Address    Name of Bank, Depo	or maintains funds.  Sitory, etc.  & M BANK  CAPITOL OFFICE, 1303 J STREET  SACRAMENTO  CITY  STATE	:14
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