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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 1127 11th Street, Suite 300 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smeyer@eichmancpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 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. Eichman, J. Richard, , , Type or Print Name of Treasurer Eichman, J. Richard, , , [Electronically Filed] 06 30 2020 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 Only Local 202-694-1100

(Revised 06/2012)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
Name Cand			
Cand Party	idate Affiliatio	Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · · · ·	emocratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Corporation w/o 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 segrecommittee. (i.e., nonconnected committee)	regated 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	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Re	evised 02/2009)	Page 3
Write or Type Committe	e Name	
California B	erry Farmers Federal PAC	
	ected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
None		
1 1 1 1 1 1 1 1 1	<u>_ </u>	
Mailing Address		
	CITY STATE	ZIP CODE
П.		
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
 Custodian of Record books and records. 	ds: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
I	chman, J. Richard, , ,	
Full Name	,1127 11th Street, Suite 300	
Mailing Address		
	2	,95814
	Sacramento	95014
Title or Position	CITY STATE	ZIP CODE
Custodian of Record	ds 9	116 442 - 2280
. Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; t (e.g., assistant treasurer).	and the name and address of
Full Name Eiconf Treasurer	chman, J. Richard, , ,	
Mailing Address	1127 11th Street, Suite 300	
	Sacramento	95814
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	16 442 2280

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Full Name of Designated None	2	
Designated None Agent L		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposit	maintains funds. tory, etc. M BANK CAPITOL OFFICE, 1303 J STREET	
Name of Bank, Deposit	tory, etc.	95814
Name of Bank, Deposit	CAPITOL OFFICE, 1303 J STREET	95814 ZIP CODE
Name of Bank, Deposit	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	
Name of Bank, Deposit	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	
Name of Bank, Deposit F & S	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	
Name of Bank, Deposit F & S	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	
Name of Bank, Deposit F & Mailing Address Name of Bank, Deposit	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	
Name of Bank, Deposit	CAPITOL OFFICE, 1303 J STREET SACRAMENTO CITY STATE	