Image# 12950662870 PAGE 1 / 5

| FEC<br>FORM 1                         |                       |   | IENT OF<br>IZATION                        |                     | Office Use Only                         |
|---------------------------------------|-----------------------|---|---|---------------------|---|
| NAME OF COMMITTEE (in                 | n full)               | (Check if nam is changed)                 | e Example:If typing, type over the lines. | 12FE4M5             |   |
| Pacific Co                            | ast Pro               | oducers Poli                              | tical Action Comm                         | ittee Fed           | eral                                    |
| ADDRESS (number a                     | ddress                | 1127 11th Street, Suite                   | e 300                                     |                     |   |
| is changed)                           |                       | Sacramento                                |   | Ľ. L                | 95814                                   |
|                                       |                       |   | CITY                                      | STATE               | ZIP CODE                                |
| COMMITTEE'S E-MA  (Check if is change | address               | S (Please provide only mstrong@pcoastp.co |   |                     |   |
| COMMITTEE'S WEB                       | PAGE ADD              | RESS (URL)                                |   |                     |   |
| (Check if is change                   |                       |   |   |                     |   |
| 2. DATE 02                            | 2 27                  | 2012                                      |   |                     |   |
| 3. FEC IDENTIFIC                      | CATION NU             | мвек                                      | C00245910                                 |                     |   |
| 4. IS THIS STATE                      | MENT                  | NEW (N)                                   | R × AMENDED (A)                           |                     |   |
| I certify that I have e               | examined thi          | s 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 Treasure                 | <i>J. Richa</i><br>er | rd Eichman                                | [Electronically Filed]                    | Date 02             | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of                   | false, errone         | ous, or incomplete inform                 | ation 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<br>Use<br>Only |  |  |  |  | For further information contact:<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100 | FEC FORM 1<br>(Revised 02/2009) |  |
|-----------------------|--|--|--|--|---|---------------------------------|--|
|-----------------------|--|--|--|--|---|---------------------------------|--|

| ſ            | FEC Fo              | orm 1 (Revised 02/2009)  | Page <b>2</b>      |
|--------------|---------------------|--|--------------------|
|              |                     | COMMITTEE  |                    |
| Can          | didate              | e 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. (Complete the information below.)  | e candidate        |
| Name<br>Cand | e of<br>lidate      |  |                    |
|              | lidate<br>Affiliati |  |                    |
|              |                     | Di:  | strict             |
| (c)          | Ш                   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                    |
| Name<br>Cand | e of<br>lidate      |  |                    |
| Part         | ty Con              | mmittee:   |                    |
| (d)          |                     | This committee is a (National, State (Democratical Committee of the Republication of the Repu | can, etc.) Party.  |
| Poli         | tical A             | Action Committee (PAC):  |                    |
| (e)          | $\times$            | 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 Coop   | erative            |
|              |                     | In addition, this committee is a Lobbyist/Registrant PAC.  |                    |
| (f)          |                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)   | ed 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 Func              | draising Representative:   |                    |
| (g)          |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.  | ore political      |
| (h)          |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.  | ore political      |
|              | Com                 | nmittees Participating in Joint Fundraiser   |                    |
|              | 1.                  | FEC ID number  |                    |
|              | 2.                  | FEC ID number  |                    |
|              | 3.                  | FEC ID number  |                    |
|              | 4.                  | FEC ID number  |                    |

Title or Position Treasurer

| FEC Form 1 (Revised                                    | 1 02/2009)   |                                 |
|--|--|---------------------------------|
| Write or Type Committee Nan                            |  | 3                               |
| Pacific Coast F  | Producers Political Action Committee   | e Federal                       |
|  | Organization, Affiliated Committee, Joint Fundraising Representati   |                                 |
| Pacific Coast Produc                                   |  |                                 |
|  |  |                                 |
| Mailing Address  | 631 North Cluff Avenue   |                                 |
| Maining Madress  |  |                                 |
|  | Lodi   | 95241                           |
|  | CITY STATE   | ZIP CODE                        |
| Custodian of Records: Idea     books and records.      | ed Organization Affiliated Committee Joint Fundraising Representation Affiliated Committee Joint Fundraising Representation of the Property of Eichman |                                 |
| Full Name  | 1127 11th Street, Suite 300  |                                 |
| Mailing Address  | 1127 Titil Street, Suite 300   |                                 |
|  |  |                                 |
|  | Sacramento   | 95814                           |
| Title or Position                                      | CITY STATE   | ZIP CODE                        |
| Custodian of Records                                   | Telephone number   | 916 442 - 2280                  |
| Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committ assistant treasurer).   | ee; and the name and address of |
| Full Name J. Richar of Treasurer                       | d Eichman  |                                 |
| Mailing Address  | 1127 11th Street, Suite 300  |                                 |
|  |  |                                 |
|  | Sacramento   | 95814                           |

CITY

STATE

Telephone number

916

ZIP CODE

2280

442

| FEC Form 1 (Revi  | sed 02/2009)                |                      | Page <b>4</b>     |  |  |  |
|---|-----------------------------|----------------------|-------------------|--|--|--|
|   |                             |                      |                   |  |  |  |
| Full Name of Designated Agent  Matt Str   | ong                         |                      |                   |  |  |  |
| Mailing Address   | 631 North Cluff Avenue      |                      |                   |  |  |  |
|   |                             |                      |                   |  |  |  |
|   | Lodi<br>CITY                | CA    <br>STATE      | 95241<br>ZIP CODE |  |  |  |
| Title or Position Assistant Treasurer   |                             | Telephone number 209 |                   |  |  |  |
| 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.  Wells Fargo Bank |                             |                      |                   |  |  |  |
| Mailing Address   | 400 Capitol Mall, Suite 702 |                      |                   |  |  |  |
|   |                             |                      |                   |  |  |  |
|   | Sacramento                  | ca                   | 95814             |  |  |  |
|   | CITY                        | STATE                | ZIP CODE          |  |  |  |
| Name of Bank, Depository  | y, etc.                     |                      |                   |  |  |  |
|   |                             |                      |                   |  |  |  |
| Mailing Address   |                             |                      |                   |  |  |  |
|   |                             |                      |                   |  |  |  |
|   |                             |                      |                   |  |  |  |
|   | CITY                        | STATE                | ZIP CODE          |  |  |  |

1mage# 12950662874 PAGE 5 / 5

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Amending to change email address and Name of Assistant Treasurer

Form/Schedule: Transaction ID: