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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 Marriage & Family Therapists PAC 555 Capitol Mall, Suite 1425 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@olsonhagel.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2017 C00346619 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. Hynum, Ron, , , Type or Print Name of Treasurer Hynum, Ron,,, [Electronically Filed] 2017 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

FE	C Form 1 (Revised 02/2009)	Page <b>2</b>			
	OF COMMITTEE	1 aye <b>2</b>			
Candi	lidate 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.)	nplete the candidate			
Name o Candida					
Candida Party A		State CA District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o					
Party	arty Committee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Politic	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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.)				
Joint F	undraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political			
(	Committees Participating in Joint Fundraiser				
	1.				
;	2. FEC ID number				
;	3.				
4	4.				

	-						
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W	/rite or Type Committee Name						
(	California Association of Marriage & Family Therapists PAC						
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor				
С	alifornia Association	of Marriage & Family Therapists					
L							
	Mailing Address	7901 Raytheon Road					
	ŭ						
		San Diego CA 9211	.  -				
		CITY STATE ZI	P CODE				
	Polationship: W Connector	d Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor				
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	asiih LWO Shouzol				
<u> </u>		ntify by name, address (phone number optional) and position of the person in posse	ssion of committee				
	books and records.						
	Keys, Lace	ey E., , ,					
	Mailing Address	555 Capitol Mall, Suite 1425	I				
	g						
		Sacramento CA 95814	.  -				
	Title or Position	CITY STATE ZII	P CODE				
	Custodian of Records		2 2952				
3.	<b>Treasurer:</b> List the name and 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 Atkins, Cat of Treasurer	therine, , ,					
	Mailing Address	7901 Raytheon Road					
		San Diego					
	Tu 5 0	CITY STATE ZIF	P CODE				
	Title or Position Treasurer		2 2638				

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Full Name of Designated Agent	Hynum, Ron, , ,				
Mailing Address	7901 Raytheon Road				
	San Diego CA 92111 CITY STATE Z	ZIP CODE			
Title or Position Assistant Treasu	rer Telephone number	2638			
safety deposit box	safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
Mailing Address	Wells Fargo Bank				
3					
	Sacramento CA 95814				
	CITY STATE Z	ZIP CODE			
Name of Bank, D	Name of Bank, Depository, etc.				
Mailing Address	Dunham Trust Company  10251 Vista Sorrento Parkway, #200				
g / (ddi 033	San Diego CA 92121				
	CITY STATE Z	ZIP CODE			