

**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 Medical Association Political Action Committee - Federal

ADDRESS (number and street)

1201 J Street, Suite 375

☐(Check if address
is changed)

Sacramento

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M / D D / Y Y Y Y
12 / 20 / 2006

3. FEC IDENTIFICATION NUMBER

C C00003194

4. 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

Type or Print Name of Treasurer

Thelma Korpman, MD

Signature of Treasurer

Electronically Filed by Thelma Korpman, MD

Date

M M / D D / Y Y Y Y
12 / 20 / 2006

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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
CandidateCandidate
Party AffiliationOffice
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) ☒ 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

California Medical Association

Mailing Address

1201 J Street, Suite 375

Sacramento

CA

95814

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Sponsor

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

California Medical Association Political Action Committee - 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 **Thelma Korpman, MD**

Mailing Address **23316 Westwood Street**

Grand Terrace **CA** **92313** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Custodian of Records Telephone number **909** - **882** - **1231**

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 **Thelma Korpman, MD**

Mailing Address **23316 Westwood Street**

Grand Terrace **CA** **92313** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **909** - **882** - **1231**

Full Name of Designated Agent **Dean Chalos**

Mailing Address **1201 J Street, Suite 375**

Sacramento **CA** **95814** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer Telephone number **916** - **444** - **5532**

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.

	Bank of America		
Mailing Address	One Market Plaza		
	San Francisco	CA	94105 -
	CITY ▲	STATE ▲	ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

American Medical Association

Mailing Address

1101 Vermont Avenue, SW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Organization

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number
