FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	`	(See instruction		•								
		(See instruction	ns)					Off	ice use on	ly		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12F	E4M5	5				
Asian Americ	cans for Good Go	vernment PAC -	Federal		111	ш				ш		لب
				<u> </u>								لب
ADDRESS (number an	d street)	7-11th Street, Su	ite 300			ш				ш		Ш
(Check if add	dress		ш	ш		Ш				Ш		Ш
is changed)	Sac	ramento	ш		ш	C/	<u> </u>	Ш	9581	4 -		لب
COMMITTEE'S E-M.	AIL ADDRESS		CITY			STAT	E▲		ZIF	CODE	Ē▲	
lauras@eichi	mancpa.com											1
									-			——
										Ш		Щ
COMMITTEE'S WE	B PAGE ADDRESS (URL)										
			ш			ш		ш		ш		Щ
			ш	шш		ш						ш
9164421693												
2. DATE 0		Y 2008										
3. FEC IDENTIFIC	ATION NUMBER		C C00	420844								
4. IS THIS STATE	MENT NE	W (N) OR	X	AMENI	DED (A)							
I certify that I have example	mined this Statement ar	d to the best of my kno	wledge an	d belief it is tru	ue, correct a	nd compl	ete					
Type or Print Name of	of Treasurer	J. Richard Eichm	nan (3	75200)								
Signature of Treasure	er Electronically Fil	ed by J. Richard	l Eichm	an (3752	00)	Date	0	1 /	^D 10) / Y	ž	0 0 8
NOTE: Submission of	false, erroneous, or inco	omplete information may	•		_				of 2 U.S.	C. S437	g.	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530				FEC (Revis	FOR ed 02/20		

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5.	TYPE OF COM	MMITTEE (Check One)	
	(a) (b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate
	Name of Candidate	information below.)	
	Candidate Party Affiliation	Office 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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L			
L			
	Mailing Addres	ss Lilianianianianianianianianianianianianiani	
		CITY STATE A	ZIP CODE
	Relationship		
	Type of Conne	ected Organization:	
	Corpo	ration Corporation w/o Capital Stock Labor Organ	ization
	Meml	pership Organization Trade Association Cooperative	

	m 1 (Revised 02/2003)			F	age 3
Write or Type Co	mmittee Name				
Asian Ame	ericans for Good Governme	ent PAC - Federal			
	Records: Identify by name, of Committee books and rec		er optional), and position	of the person in	
Full Name	J. Richard Eichman				
Mailing Addres	ss1	1127-11th Street, Suite	300		
		Sacramento	CA	95814	
Title or Position	on 🔻	CITY A	STATE ▲	ZIP CC	DE A
	Custodian of Records		91 Telephone number	6 442	2280
3. Treasurer: land a	List the name and address ()	phone number optiona gent (e.g., assistant trea	al) of the treasurer of the co	mmittee; and the	
3. Treasurer: Iname and a Full Name of Treasurer	List the name and address (paddress of any designated ag	phone number optiona ent (e.g., assistant trea	al) of the treasurer of the co surer).	mmittee; and the	
name and a	ddress of any designated ag	phone number optiona jent (e.g., assistant trea: 1127-11th Street, Suite	surer).	mmittee; and the	
name and a Full Name of Treasurer	J. Richard Eichman	ent (e.g., assistant trea	surer).	mmittee; and the	
name and a Full Name of Treasurer	J. Richard Eichman	ent (e.g., assistant trea	300		
name and a Full Name of Treasurer Mailing Addre	J. Richard Eichman	ent (e.g., assistant trea	300 CA_	95814 ZIP CC	DDE & 2280

1127-11th Street, Suite 300

CITY A

CA

STATE A

Telephone number

916

95814 – _____

2280

ZIP CODE A

442

Sacramento

Mailing Address

Title or Position ▼

Assistant Treasurer

9.

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Banks or Other Depositories safety deposit boxes or maintain				all b	anl	KS (or o	othe	er d	epo	osit	orie	es ir	ı wh	nich	the	e cc	mr	nitte	ee o	dep	osi	ts fı	und	s, h	olds	s ac	ccol	unts	s, re	ents		
Name of Bank, Depository, etc	:-																																
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Name of Bank, Depository, etc	·.											-																					
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