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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
California Trib	al Business Alliance Federal PAC	
ADDRESS (number and s	reet) 455 Capitol Mall, Suite 600	
X (Check if address is changed)	Sacramento	<b></b>
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAII	_ ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	feccomm@bmhlaw.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE <b>0.5</b>	/ D D / Y Y Y Y 16 2011	
3. FEC IDENTIFICA	TION NUMBER C C00412676	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	reasurer Charles H. Bell, Jr.	d complete
Signature of Treasurer	Electronically Filed by Charles H. Bell, Jr.	Date 05 / 16 / Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office	East furthers information a	

Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	FEC I	Form 1 (Revised 02/2009)	Page 2
5.	TYPE OF C	OMMITTEE (Check One)	
	Candidate C	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. (Complete the information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliat	ion Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com	nittee:	
	(d)		Democratic, Republican,etc.) Party.
	Political Ac	tion Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		X Corporation Corporation w/o Capital Stock Labo	r Organization
		Membership Organization Trade Association Coo	perative
		X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und 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 Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Corr	mittees Participating in Joint Fundraiser	

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	 FEC ID number	C

FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Nan			
California Tribai Bus	siness Alliance Federal PAC		
. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lead	dership PAC Sponsor
California Tribal Busi	iness Alliance		
Mailing Address	1530 J Street, Suite 400		
	Sacramento		95814
	CITY	STATE 🛦	ZIP CODE
Relationship:	tion Affiliated Committee Joint Fundraising Re	epresentative	Leadership PAC Sponsor
. Custodian of Records:	Identify by name, address, (phone number optional), a	and position of t	the person in
possession of Commit	Identify by name, address, (phone number optional), a ttee books and records. arles H. Bell 455 Capitol Mall, Suite 600	and position of 1	the person in
possession of Commit	ttee books and records.	and position of f	the person in
possession of Commit Full Name Mailing Address Title or Position ▼	ttee books and records.  arles H. Bell  455 Capitol Mall, Suite 600  Sacramento CITY A		
possession of Commit Full Name Mailing Address Title or Position ♥ Custod	ttee books and records. arles H. Bell 455 Capitol Mall, Suite 600 Sacramento CITY A dian of Records Telephone no	  STATE umber916	95814 _ 
possession of Commit Full Name Mailing Address Title or Position ♥ Custod	ttee books and records.  arles H. Bell  455 Capitol Mall, Suite 600  Sacramento CITY A	  STATE umber916	95814 2IP CODE A 4427757
possession of Commit Full Name Mailing Address Title or Position ♥ Custod 3. Treasurer: List the nail name and address of Full Name	ttee books and records.  arles H. Bell  455 Capitol Mall, Suite 600  Sacramento  CITY A  dian of Records Telephone number optional) of the treasu	  STATE umber916	95814 2IP CODE A 4427757
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FEC Form 1 (Revis	ed 02/2009)			Page	4
Full Name of Designated Agent	Thomas W. Hiltachk				
Mailing Address	455 Capitol Mall, Suite 6	00			
	Sacramento	C	A	95814	
Title or Position ▼	CITY A	STA	TE 🛦	ZIP CODE	A
Assista	nt Treasurer	Telephone number	916	442	7757
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. Ilifornia Bank & Trust		sits funds, ho	olds accounts, rents	 S
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