

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ChamberPAC Fed, Sponsored by California Chamber of Commerce

ADDRESS (number and street) 1215 K Street, Suite 1400

(Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

feccomm@bmhlaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
06 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C C00631085

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 Hiltachk, Thomas W., , ,

Signature of Treasurer

Hiltachk, Thomas W., , ,

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 01 / 2021

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 Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  CA District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  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  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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

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

Write or Type Committee Name

# ChamberPAC Fed, Sponsored by California Chamber of Commerce

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

California Chamber of Commerce

Mailing Address

1215 K Street, Suite 1400

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Hiltachk, Thomas W., , ,

Mailing Address

455 Capitol Mall, Suite 600

Sacrametno

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

442

7757

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

Hiltachk, Thomas W., , ,

Mailing Address

455 Capitol Mall, Suite 600

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

916

442

7757

Full Name of Designated Agent Titus, Ashlee N., , ,  
Mailing Address 455 Capitol Mall, Suite 600  
Sacramento CA 95814  
CITY STATE ZIP CODE  
Title or Position Assistant Treasurer Telephone number 916 442 7757

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.

California Bank & Trust

Mailing Address 550 South Hope Street, Suite 100  
Los Angeles CA 90071  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address  
CITY STATE ZIP CODE