**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) California Association of Marriage & Family Therapists PAC 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@olsonremcho.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 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. Type or Print Name of Treasurer Hynum, Ron,, 03 04 2024 Signature of Treasurer Hynum, Ron, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)		Page <b>2</b>
. TYPE OF COMMITTEE:		rage <b>z</b>
Candidate Committee:		
	ipal campaign committee. (Complete the candidate infor	rmation below.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign co	mmittee. (Complete the candidate
Name of Candidate		
Candidate	Office	State CA
Party Affiliation	Sought: House Senate	President District
(c) This committee supports/o	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
Delitical Astion Occurrence (F	240)	
Political Action Committee (F  (e) This committee is a sepa	<b>AC):</b> rate segregated fund. (Identify connected organization o	n line 6.) Its connected organization is a:
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organiz		Cooperative
	committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT ected committee)	a separate segregated fund or party
In addition, this	committee is a Lobbyist/Registrant PAC.	
In addition, this	committee is a Leadership PAC. (Identify sponsor on lin	ne 6.)
(g) This committee is an inde	ependent expenditure-only political committee (Super PA	C).
In addition, this	committee is a Lobbyist/Registrant PAC.	
(h) This committee is a politic	cal committee with both contribution and non-contributio	n accounts (Hybrid PAC).
In addition, this	committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Represent	ative:	
(i) This committee collects of	ontributions, pays fundraising expenses and disburses nat least one of which is an authorized committee of a	•
	ontributions, pays fundraising expenses and disburses n none of which is an authorized committee of a federal	•
Committees Participating in Jo	int Fundraiser	
1		C

Title or Position ▼

Treasurer

	_			
	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	California Associ	iation of Marriage & Family	Therapists PAC	
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fund	raising Representative, or Leade	ership PAC Sponsor
	California Association	n of Marriage & Family Therapists		
	Mailing Address	6265 Greenwich Drive, Stuie 103		
		San Diego	CA 9212	2
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Jo	int Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional)	and position of the person in posse	ession of committee
	Werbrock, A	Andrew H., , ,		
	Mailing Address	555 Capitol Mall, Suite 400		
		Sacramento	CA 95814	4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5.1.1	0L =	2 3322 —
	Custodian of Records		elephone number 916 -	442 - 2952
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer).	easurer of the committee; and the	name and address of
	Full Name Alafia, Joy, of Treasurer	,, 		
	Mailing Address	6265 Greenwich Drive, Stuie 103		
		San Diego	CA 92122	2
		CITY ▲	STATE ▲	ZIP CODE ▲

858

Telephone number

292

2638

FEC Form 1 (R	evised 02/2009)		Page <b>4</b>
Full Name of Designated Hy Agent	ynum, Ron, , ,		
Mailing Address	6265 Greenwich Drive, Stuie 103		
	San Diego	CA	92122
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer	Telephone	number 85	8
Banks or Other Dep safety deposit boxes	<b>positories:</b> List all banks or other depositories in which the comor maintains funds.	mittee deposits fu	nds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
W	/ells Fargo Bank		
Mailing Address	400 Capitol Mall		
	Sacramento	L CA	95814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
S	chwab		
Mailing Address	3160 Camino Del Rio South, Ste 313		
	San Diego	L CA	92108
	CITY ▲	STATE ▲	ZIP CODE ▲

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of <sup>8</sup>	

(h). <b>Joint Fundraisi</b>	ig Participant:			
1.		FEC ID	number	С
2.		FEC ID	number	С
3.		FEC ID	number	С
4.		FEC ID	number	С
lame of Any Connected	Organization, Affiliated Committee, Jo	nt Fundraising Rep	resentative	, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY A		STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC S
esignated Agent: Identi	Affiliated Committee  Ty by name, address (phone number – opews, Emily, , ,		Representa	tive Leadership PAC S
esignated Agent: Identi A. Andr Full Name	y by name, address (phone number – op		Representa	tive Leadership PAC S
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esignated Agent: Identi A. Andr Full Name	y by name, address (phone number – opews, Emily, , ,		Representa	Leadership PAC S
esignated Agent: Identi  A. Andr  Full Name  Mailing Address	by by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento	tional)		
esignated Agent: Identi A. Andr Full Name	by by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento	tional)	CA CTATE A	95814
esignated Agent: Identi  A. Andr Full Name  Mailing Address  TITLE OR POSITION BNK	y by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento  CITY	tional)  S Telephone Nu	CA STATE A	95814 ZIP CODE <b>A</b>
esignated Agent: Identi  A. Andr Full Name  Mailing Address  TITLE OR POSITION BNK ARRAY  anks or Other Deposite	y by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento  CITY   Ories: List all banks or other depositories	tional)  S Telephone Nu	CA STATE A	95814 ZIP CODE <b>A</b>
esignated Agent: Identi  A. Andr Full Name  Mailing Address  TITLE OR POSITION BNK  anks or Other Deposite afety deposit boxes or management of the control	y by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento  CITY   Ories: List all banks or other depositories	tional)  S Telephone Nu	CA STATE A	95814 ZIP CODE <b>A</b>
esignated Agent: Identi  A. Andr Full Name  Mailing Address  TITLE OR POSITION BNK  anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – opews, Emily, , ,  555 Capitol Mall, Suite 400  Sacramento  CITY   Ories: List all banks or other depositories	tional)  S Telephone Nu	CA STATE A	95814 ZIP CODE <b>A</b>
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 8

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2.			FEC ID number	C
			FEC ID number	С
3			FEC ID number	С
4.			FEC ID number	С
lame of Any Connected	Organization, Affiliated	Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Spons
Mailing Address				
	I			
Deletienelin				
esignated Agent: Identify	by name, address (phor		STATE ▲ int Fundraising Represent	
resignated Agent: Identify  R. Rios, F	by name, address (phor Richard, , ,	ed Committee Jo		
Connected esignated Agent: Identify R. Rios, F	by name, address (phor	ed Committee Jo		
esignated Agent: Identify  R. Rios, F	by name, address (phor Richard, , ,	ed Committee Jo	int Fundraising Represent	Leadership PAC Sp
resignated Agent: Identify  R. Rios, F	by name, address (phor Richard, , , , , , , , , , , , , , , , , , ,	ed Committee Jone number – optional)	int Fundraising Represent	Leadership PAC Sp
Connected  Pesignated Agent: Identify  R. Rios, F  Full Name	by name, address (phor Richard, , , 555 Capitol Mall, Suite	ed Committee Jone number – optional)  400  CITY	int Fundraising Represent	Leadership PAC Sp

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	01	

h). Joint Fundrais	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
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ame of Any Connecte	d Organization, Affiliated Committee, Joint Fo	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Ident	fy by name, address (phone number - optiona	Joint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident , Alafia,	fy by name, address (phone number - optiona		ative Leadership PAC Sp
esignated Agent: Ident Alafia, Full Name	fy by name, address (phone number – optiona Treasurer, Joy, , ,		ative Leadership PAC Sp
esignated Agent: Ident Alafia, Full Name	fy by name, address (phone number – optiona Treasurer, Joy, , ,		Leadership PAC Sp
esignated Agent: Ident Alafia, Full Name	fy by name, address (phone number – optiona  Treasurer, Joy, , ,  6265 Greenwich Drive, Stuie 103  San Diego		
esignated Agent: Ident Alafia, Full Name Mailing Address	fy by name, address (phone number – optiona  Treasurer, Joy, , ,  6265 Greenwich Drive, Stuie 103  San Diego	) CA	92122
esignated Agent: Ident Alafia, Full Name Mailing Address  TITLE OR POSITION POF Anks or Other Deposit	fy by name, address (phone number – optiona  Treasurer, Joy, , ,  6265 Greenwich Drive, Stuie 103  San Diego  CITY   ories: List all banks or other depositories in whether the same of th	CA STATE  Telephone Number	92122 ZIP CODE <b>A</b>
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 8\_\_\_

h). <b>Joint Fundraisin</b> ç	Participant:			
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2.		FEG	C ID number	С
3.		FEC	C ID number	С
4		FEC	C ID number	С
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Walling Address				
			1 1 1	
Relationship:	CITY A		J L⊥⊥ STATE ▲	ZIP CODE A
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esignated Agent: Identify	Organization Affiliated Comm		ising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone numberssistant Treasurer, Ron, , ,	er — optional)	ising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number	er — optional)	ising Represent	ative Leadership PAC Sp
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esignated Agent: Identify  Hynum, A  Full Name  Mailing Address	by name, address (phone number ssistant Treasurer, Ron, , , )  6265 Greenwich Drive, Stuie 103  San Diego	or – optional)	CA STATE A	92122
esignated Agent: Identify  Hynum, A  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number ssistant Treasurer, Ron, , , )  6265 Greenwich Drive, Stuie 103  San Diego	or – optional)	CA STATE A	92122 ZIP CODE <b>A</b>
esignated Agent: Identify  Hynum, A Full Name  Mailing Address  TITLE OR POSITION POF Anks or Other Depositor	by name, address (phone number ssistant Treasurer, Ron, , , 6265 Greenwich Drive, Stuie 103 San Diego  CITY   CITY   Ges: List all banks or other depos	or – optional)	CA STATE   e Number	92122 ZIP CODE <b>A</b>
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