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May 22, 2019

Public Records Office
Federal Election Commission
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Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1 X Amendment

Form 2

Form 3

Form 3X

for Western Growers Political Action Committee.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,



Ashlee N. Titus
Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Western Growers Political Action Committee

ADDRESS (number and street)

15525 Sand Canyon

(Check if address is changed)

Irving CA 92618

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

feccomm@bmhlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 21 / 2019

3. FEC IDENTIFICATION NUMBER

C C00193979

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

Ashlee N. Titus

Signature of Treasurer

Date

05 / 21 / 2019

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 02/2009)

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 _____ 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 _____ X Trade Association _____ Cooperative _____

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 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

NOT FOR NATIONAL CONGRESSIONAL

Write or Type Committee Name

Western Growers Political Action Committee

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

Western Growers Association

Mailing Address

14525 Sand Canyon

Irvine CA 92618

CITY

STATE

ZIP CODE

Relationship: [X] 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

Ashlee N Titus

Mailing Address

455 Capitol Mall, Suite 600

Sacramento CA 95814

CITY

STATE

ZIP CODE

Title or Position

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

Ashlee N. Titus

Mailing Address

455 Capitol Mall, Suite 600

Sacramento CA 95814

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number 916-442-7757

CONFIDENTIAL INFORMATION



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Your Postmaster



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