FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	FORM 1 ORGANIZATION (See instructions)			QVE a variable			
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	Office use only  12FE4M5			
LATINA SOL F	PAC						
ADDRESS (number and	street) <b>6380</b>	WILSHIRE BLVE	) #1612 				
(Check if address is changed)		ANGELES		CA 90048 _			
			CITY	STATE▲ ZIP CODE ▲			
COMMITTEE'S E-MAI							
ш							
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)					
COMMITTEE'S FAX N	NUMBER						
با لبنا	سيا ل						
2. DATE 0.5	3 0 / Y	2007 <sup>°</sup>					
3. FEC IDENTIFICA	ATION NUMBER	C	C00433896				
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)				
I certify that I have exami	ined this Statement and	to the best of my know	vledge and belief it is true, correct	and complete			
Type or Print Name of	Treasurer <b>L</b>	eticia Solis					
Signature of Treasurer	. Electronically File	d by Leticia Sol	is	Date 05 / 30 / 2007			
NOTE: Submission of fa			subject the person signing this SI	tatement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS			
Office Use Only			For further informatio Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	hission FEC FORM 1			

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5.	5. TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign con	nmittee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate					
	Candidate Office Party Affiliation Sought:	House Senate President	State			
	(c) This committee supports/opposes only one	candidate, and is NOT an authorized committee.				
	Name of Candidate					
	(d) This committee is a	(National, State (Dem Cor subordinate) committee of the Repu	nocratic, Iblican,etc.) Party.			
	(e) This committee is a separate segregated fur	nd				
	(f) This committee supports/opposes more that committee.	n one Federal candidate, and is NOT a separate segregated func	l or party			
 6.	6. Name of Any Connected Organization or Affiliated Con	nmittee				
ı	None		1			
L I	<u>                                     </u>		<u> </u>			
_						
	Mailing Address					
CITY		STATE A ZI	P CODE A			
	Relationship					
	Type of Connected Organization:					
	Corporation	poration w/o Capital Stock Labor Organization	ı			
		de Association Cooperative				
		osoponativo				

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Write or Type Committee Name			
LATINA SOL PAC			
<ol> <li>Custodian of Records: Identify possession of Committee boo</li> </ol>		nber optional), and position of the	he person in
Full Name Mary Ellen	Padilla		
Mailing Address	6380 Wilshire Blvd.,		
_	1612		
_	Los Angeles	CA	90048
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Assistant Trea	asurer	Telephone number	655 4065
Full Name of Treasurer  Mailing Address  Leticia Soli	is 3828 Latrobe St.		
_	Los Angeles	CA	90031
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Treasurer		Telephone number 323	6554065
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

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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.									
	Mailing Address	CA Bank & Trust  550 S. Hope St.		<u></u>	 					
		Los Angeles CA 90071	-	<u></u>						

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷