Image# 12951331610 PAGE 1 / 5

FEC FORM 1		STATE							Offi	ce Use	Only			
1. NAME OF COMMITTEE (in	n full)	(Check if na is changed)		Example:If		type	121	E4M	5					
Latino PAC	2													
ADDRESS (number a	nd street)	555 Capitol Mall, Su	ite 1425											
(Check if ac is changed)		Sacramento					CA		9581	14				
			CITY	,			STAT	E		ZI	Р СО	DE		
COMMITTEE'S E-MA	AIL ADDRESS	, ,	•	address)										
(Check if	address	info@olsonhagel.co	om 											
is change	ed)													
COMMITTEE'S WEB	B PAGE ADDF	RESS (URL)												
(Check if	addrass													
is change														
2. DATE 03	M / D D D 29	2012												
3. FEC IDENTIFIC	CATION NUM	//BER	C C00492	2033										
4. IS THIS STATEM	MENT	NEW (N)	OR	×	MENDE	D (A)								
I certify that I have e	examined this	Statement and to t	he best of m	ny knowle	dge and	belief i	t is true	, correc	ct and	comple	ete.			
Type or Print Name	of Treasurer	Joe Baca												
Signature of Treasure	Joe Baca er			[Elect	ronically	Filed]	Date	03	M /	12	1	Y	012	Y
NOTE: Submission of		us, or incomplete info								enaltie	s of 2	U.S.C	C. §437	g.
000			<del></del>	Ford	ath and had	47								_

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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	EEC Ea	rm 1 (Paying 02/2000)	Page <b>2</b>
		OMMITTEE	гау <b>е 2</b>
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Form 1 (Davies	A 03/3000)	Page <b>3</b>
FEC Form 1 (Revise Write or Type Committee Na		Page 3
Latino PAC		
	d Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
CALPAC - California	a Aggressive Leadership	
Na:line Address	555 Capitol Mall, Suite 1425	
Mailing Address		
	Sacramento	95814
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization X Affiliated Committee  Joint Fundraising Represer	ntative Leadership PAC Sponso
books and records.	dentify by name, address (phone number optional) and position of the  H. Olson	person in possession of committee
Full Name		
Mailing Address	555 Capitol Mall, Suite 1425	
	Sacramento	95814
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	916 442 - 2952
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
Full Name Linda M	lacias	
Mailing Address	800 4th Street, SW, S720	
	Washington   DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 225 6161

I		
FEC <b>For</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of	None	
Designated Agent		
Mailing Address		
		[=] [
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	nolds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  ,400 Capitol Mall	nolds accounts, rents
safety deposit be	oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  ,400 Capitol Mall	nolds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  400 Capitol Mall	
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safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  400 Capitol Mall	
safety deposit be Name of Bank,	Oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CA 9581	14
safety deposit be Name of Bank, Mailing Address	Oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CA 9581	14
safety deposit be Name of Bank, Mailing Address	Oxes or maintains funds.  Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CA 9581	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  400 Capitol Mall  Sacramento  CITY  STATE  Depository, etc.	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor The Honorable Joe Baca 555 Capitol Mall, Suite 1425 Mailing Address 95814 Sacramento CA **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number