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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Western Growers Political Action Committee 15525 Sand Canyon ADDRESS (number and street) (Check if address is changed) Irvine 92618 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS feccomm@bmhlaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00193979 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. Titus, Ashlee N., , , Type or Print Name of Treasurer Titus, Ashlee N.,,, [Electronically Filed] 80 15 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC FOI	rm 1 (Revised 02/2009)	Page 2			
TYPE OF C	OMMITTEE  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			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Com		emocratic,			
(d)	· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party			
Political A	ction Committee (PAC):				
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is			
	Corporation Wo 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 segrecommittee. (i.e., nonconnected committee)	egated 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.)				
Joint Fund	raising 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.	on manua na 1945 1			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
ш					
	mittees Participating in Joint Fundraiser				
ш	mittees Participating in Joint Fundraiser				
Com					
Comi	FEC ID number				

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Write or Type Committee Nam			. ago <b>o</b>		
•	ers Political Action Co	ommittee			
	Organization, Affiliated Committee, Join		, or Leadership PAC Sponsor		
Western Growers Ass	sociation				
Mailing Address	15525 Sand Canyon				
	Irvine CITY	CA STATE	92618 		
Relationship: <b>x</b> Connecte	ed Organization Affiliated Committee	Joint Fundraising Representa	_		
Custodian of Records: Ide books and records.	entify by name, address (phone number	optional) and position of the p	person in possession of committee		
	hlee N, , ,				
Full Name	455 Capitol Mall, Suite 600				
Mailing Address					
	Sacramento	CA	95814		
Title or Position	CITY	STATE	ZIP CODE		
Custodian of Records		Telephone number	916 - 442 - 7757		
3. <b>Treasurer:</b> 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 Titus, Ash of Treasurer	nlee N., , ,				
Mailing Address	455 Capitol Mall, Suite 600				
	Sacramento	CA	95814		
Title or Position Treasurer	CITY	STATE	ZIP CODE		
		Telephone number			

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Full Name of Designated Agent	Hiltachk, Thomas W., , ,	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento CA 95814	
Title or Position		ZIP CODE
Assistant Treas	urer Telephone number	42 7757
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.  California Bank & Trust  550 South Hope Street, Suite 100	
	Los Angeles CA 90017	
	CITY STATE 2	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE 2	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend to update section 5

Form/Schedule: Transaction ID: