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STATEMENT	OF
ORGANIZATI	ON

			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Nosotros PAC				
ADDRESS (number and street)	1001 Freemont Ave., #1230			
(Check if address				
is changed)	South Pasadena		CA 91031	
			L L_⊥_⊥ STATE ▲	= ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:00			
(Check if address	yolimiranda@hotmail.c	com		
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE ADI				
(Check if address	Nosotrospac.org			
is changed)				
2. DATE 10 / 09	D / Y Y Y Y 9 2020			
3. FEC IDENTIFICATION NU	JMBER ► C c	00686477		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and cor	nplete.
Type or Print Name of Treasure	Miranda, Yolanda, , ,			
Signature of Transurer Miran	nda, Yolanda, , ,	[Electronically Filed]	Date 10	09 2020
Signature of Treasurer			Date 10	2020
NOTE: Submission of false, errone		may subject the person signing t ON SHOULD BE REPORTED W		alties of 2 U.S.C. §437g.
Office		For further information con Federal Election Commission		C FORM 1
Use Only		Toll Free 800-424-9530 Local 202-694-1100		levised 06/2012)

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FI	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Canc	didate	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. (Complein information below.)	ete the candidate
Name Candio			
Candio Party	date Affiliatio	on Office Sought: House Senate President	State C District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candio			
Party	/ Com	mittee:	
(d)			emocratic, epublican, etc.) Par
Politi	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
		Corporation Corporation w/o 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 segr committee. (i.e., nonconnected committee)	egated fund or pa
		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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Nosotros PAC

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

None										
Mailing Address										
	STATE	ZIP CODE								
Relationship: 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.

Miranda, Y	/olanda, , ,
Full Name	
Mailing Address	728 W. Edna Place
	[
	Covina CA 91722
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 626 915 7635

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	Miranda, Yolanda, , ,	
Mailing Address	728 W. Edna Place	
	Covina	
	CITY STATE ZIP CODE	
Title or Position Treasurer	Telephone number 626 915 7635	_

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Full Name of Designated Agent	None, , , , ,																								
Mailing Address																									
																					Í		- [
					(CIT	Y								ST/	ΑΤΕ					ZIF	о СС	DDE		
Title or Position																									
										Te	epł	ion	e n	umł	oer								- [

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.
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Califor	nia Bank & Trust		
Mailing Address	550 S. Hope Street, Suite 100		
	Los Angeles	CA 9007	'1
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Change of committee's address

Form/Schedule: Transaction ID: