Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Western Alliance of Farmworker Advocates PAC (WAFA PAC) 68 Pierce Avenue ADDRESS (number and street) (Check if address is changed) San Jose 95110 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hsapien@cet2000.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00407841 FEC IDENTIFICATION NUMBER 3. 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. Sapien, Hermelinda, , , Type or Print Name of Treasurer Sapien, Hermelinda,,, [Electronically Filed] 03 2017 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OF COMMITTEE 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. (Cominformation below.)	nplete the candidate			
Nam Cano	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State CA District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee: (National, State	(Domocratic			
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a			
		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 segregated fund or procommittee. (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.)				
Join	t Fund	raising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political			
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.	vo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.					
	3.	FEC ID number				
	4.	FEC ID number C				

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FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Western Alliance of Farmworker Advocates PAC (WAFA	PAC)
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	,
	Isilip FAC Spoilsoi
None	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in phooks and records.	possession of committee
Copp, Vona, , , Full Name	1
9321 Silverbend Lane	
Mailing Address	
Elk Grove , CA , 95624	
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number 916 -	686 - 1815
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name Sapien, Hermelinda, , ,	1
of Treasurer [
Mailing Address	
.0	
San Jose CA 95110	7ID CODE
CITY STATE Title or Position Treasurer 1 408 1 1	ZIP CODE 534 5230
Telephone number	

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Full Name of Designated Agent	None, , , ,		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	ne number]-
	Depositories: List all banks or other depositories in which the coxes or maintains funds. Depository, etc.	·	
Name of Bank,	oxes or maintains funds.	· 	
	Depository, etc. Wells Fargo Bank		
Name of Bank,	Depository, etc. Wells Fargo Bank		5814
Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall		5814 ZIP CODE
Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall Sacramento CITY	CA 99	
Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall Sacramento CITY	CA 99	ZIP CODE
Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall Sacramento CITY Depository, etc.	CA 99	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall Sacramento CITY Depository, etc.	CA 99	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 400 Capitol Mall Sacramento CITY Depository, etc.	CA 99	ZIP CODE

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

Form/Schedule: F1N Transaction ID:

Amendment to change treasurer and address. Initial electronic filing.

Form/Schedule: Transaction ID: