Image# 202203179493979781				
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 5 —
			(	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Citizens for Ame	erican Independe			
	3985 Parkwood Rd			
DDRESS (number and street)	Ste 173			
is changed)				
				5022 
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDI	RESS			
(Check if address	contact@cfaipac.com			
is changed)				
	Optional Second E-Mail Ac willvcaffee@gmail.c	om		
<ul> <li>(Check if address is changed)</li> </ul>	www.cfaipac.com			
2. DATE 03	15 / Y Y Y Y 2022			
3. FEC IDENTIFICATION	NUMBER ► C	00809541		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasu	Irer Caffee, William, , ,			
Signature of Treasurer	ffee, William, , ,	[Electronically Filed]	Date 03	/ D D / Y Y Y Y 17 2022
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

03/17/2022 15 : 29

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	lion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comm information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate P	State State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	mmittee.
Name of         Candidate         I	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected 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 s committee. (i.e., nonconnected committee)	separate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net pro- committees/organizations, at least one of which is an authorized committee of a federal	
(h) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1 FEC ID number	C
2 FEC ID number	C
3 FEC ID number	C
4	С

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Citizens for American Independence

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

Mailing Address										
	STATE	ZIP CODE								
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso										

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Caffee, Wi	lliam, , ,
Full Name	
	11405 Bama Rock Garden Road
Mailing Address	
	Vance AL 35490
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     205     650     0544

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	Caffee, William, , ,
Mailing Address	11405 Bama Rock Garden Road
	Vance
	CITY STATE ZIP CODE
Title or Position	
	Telephone number

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Full Name of Designated Agent																						1									
Mailing Address																															
																			L				L					L			
	CITY										STATE										ZI	ZIP CODE									
Title or Position																															
														Tele	eph	one	e n	um	ber		L			 - [_							

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.

Lend	ing Club Bank N.A.		
Mailing Address	One Harbor Street		
		MA 02210	
	CITY	STATE ZIP CODE	
Name of Bank, Depositor	y, 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: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: