PAGE 1/5

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) California Fresh Fruit Association Political Action Committee 978 W. Alluvial, Ste. 107 ADDRESS (number and street) (Check if address is changed) Fresno 93711 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vona@onemain.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00121582 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. Vona L. Copp Type or Print Name of Treasurer Vona L. Copp [Electronically Filed] 07 2015 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 Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE e 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.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
V	/rite or Type Committee Nam		3
(	California Fresl	n Fruit Association Political Action	Committee
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
C	alifornia Fresh Fruit	Association	
L			
L		978 W. Alluvial, Ste. 107	
	Mailing Address		
		Fresno CA	93711
		CITY STAT	E ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Repres	entative Leadership PAC Sponsor
	Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the	ne person in possession of committee
	books and records.		
	Vona Cop	pp	
		9321 Silverbend Lane	
	Mailing Address		
		Elk Grove , CA	, 95624
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records		916   686   1815
		Telephone number	
3.		d address (phone number optional) of the treasurer of the commi	ttee; and the name and address of
	any designated agent (e.g.,	assistant treasurer).	
	Full Name Vona L. C of Treasurer	opp	
	Mailing Address	9321 Silverbend Lane	
		1	
		Elk Grove CA	95624
		CITY STATE	ZIP CODE
	Title or Position Treasurer	Telephone number	916   686   1815
		ielephone number	

FFC Form	m 1 (Revised 02/2009)	Page <b>4</b>
FEC FOII	III I (INEVISEU UZIZUUS)	raye <b>4</b>
Full Name of Designated Agent	None	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	]
	r Depositories: List all banks or other depositories in which the committee deposits fund	,
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  California Bank & Trust	
safety deposit be	oxes or maintains funds.  Depository, etc.  California Bank & Trust	
safety deposit be Name of Bank,	Depository, etc.  California Bank & Trust  1331 Broadway	15818 15818
safety deposit be Name of Bank,	Depository, etc.  California Bank & Trust  1331 Broadway	
safety deposit be Name of Bank,	Depository, etc.  California Bank & Trust  1331 Broadway  Sacramento  CITY  STATE	D5818
safety deposit be Name of Bank, Mailing Address	Depository, etc.  California Bank & Trust  1331 Broadway  Sacramento  CITY  STATE	25818 ZIP CODE
safety deposit be Name of Bank, Mailing Address	California Bank & Trust  Sacramento  CITY  STATE  Depository, etc.	25818 ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	California Bank & Trust  Sacramento  CITY  STATE  Depository, etc.	25818 ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	California Bank & Trust  Sacramento  CITY  STATE  Depository, etc.	25818 ZIP CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H + CB

Form/Schedule: F1A Transaction ID:

Amendment to change treasurer info.

Form/Schedule: Transaction ID: