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STATEMENT OF **ORGANIZATION**

RECEIVED

- Chill I			F	EC MAIL CENTER		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4MS	9 JUN -8 A 947		
<u> </u>						
allined Gra	pe Grovers	PAC	 			
ADDRESS (number and street)	17030 N FIC	with Ave #	1.1.5			
(Check if address, is changed)	Fresing		<u> C.4</u>	<u> </u>		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDR	ESS (Please provide only one e	e-mail address)				
(Check if address						
': is changed)	bieffeel liedgrapegrowers org					
COMMITTEE'S WEB PAGE A	DDRESS (URL)					
(Check if address	www.alliis	alliliiedyragiegrowiersorg				
is changed)						
2. DATE 0.6 0	2009					
3. FEC IDENTIFICATION I	NUMBER C O	011 9388				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined	this Statement and to the besi	t of my knowledge and belief	it is true, correct	and complete.		
Type or Print Name of Treasur	rer Nat DiBud	ио				
Signature of Treasurer	May 18 Sua	uf_	Date : O.	0.1. 2.0.6.9		
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 Use		For further information Federal Election Commiss Toll Free 200-424-0530		FEC FORM 1		

		1 ago 2						
TYPE	OF C	OMMITTEE						
Can	didat	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. (Complete the candidate information below.)						
Name Cand		<u> </u>						
Cand Party	lidate Affiliat	Office State ion Sought: House Senate President District						
(c)	• •	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand								
Part	y Cor	nmittee:						
(d)	: :	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.						
Polit	tical A	Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or par committee. (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	draising 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.						
(h)	::	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	nmittees Participating in Joint Fundraiser						
	1.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number C						
	4.	FEC ID number C						

Title or Position

President & GEO

Γ			
	FEC Form	1 (Revised 02/2009)	Page 3
Wri	ite or Type Com		
0	ellied	Grape Growers PAC	
6.	Name of Any (Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
a	Illied	Grape Growers !!!!!!!!!!!!	
	Mailing Address	17/0/3/0 W. FICIULI H ALME 44/1/1/5	1 1 1 1 1
	•		
		Fire SIMO	<u></u>
			P CODE
F	 Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
	• • •		
7. (Custodian of R	Records: Identify by name, address (phone number optional) and position of the person in posse	ssion of committee
t	pooks and recor	rds.	
F	Full Name	Treififinery Binylain Brititier	
P	Mailing Address	17090 11 A 1 A 1 A	
			<u> </u>
		Fresinion LA 193,7,1	<u>.u-l-</u>
7	Title or Position	CITY STATE ZII	PCODE
1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
L	VILICIEITI	PICKISI II diciniti I Telephone number 559 - 27	6-704
		the name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
-	Full Name of Treasurer	Natale Hauro Di Buduo Jr.	
N	Mailing Address	2030 N. Frait Ave #115	
			لحبيب
		GA GA 19371	لـــــا-لا
		CITY STATE ZIF	CODE

Telephone number 559-276-2021

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

N/A

Full Name of Designated Agent

Mailing Address

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED