

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

INDEPENDENT OIL PRODUCERS' AGENCY

ADDRESS (number and street)

4520 California Avenue

Suite 230

☐

(Check if address
is changed)

Bakersfield

CA

93309

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒

(Check if address
is changed)

vfournier@sidhesslercpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

08

20

2015

3. FEC IDENTIFICATION NUMBER

C00183434

4. 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.

Type or Print Name of Treasurer

Sidney Hessler

Signature of Treasurer

Sidney Hessler

Date

08

26

2015

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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 party 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

INDEPENDENT OIL PRODUCERS' AGENCY

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

Mailing Address

CITY

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.

Full Name

Sidney A Hessler Accountancy Corporation

Mailing Address

4520 California Avenue

Suite 210

Bakersfield

CA

93309

Title or Position

CITY

STATE

ZIP CODE

Accountant & CFO

Telephone number

661

377

0035

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

Sidney Hessler

Mailing Address

4520 California Avenue

Suite 210

Bakersfield

CA

93309

Title or Position

CITY

STATE

ZIP CODE

CFO

Telephone number

661

377

0035

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

USBank

Mailing Address

633 West 5th Street

26th Floor

Los Angeles

CA

90071

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

RT **WED** 16:30
FZ 2103
08.31

ORIGIN ID: BFLA (661) 377-0411
INDEPENDENT OIL PRODUCERS

4520 CALIFORNIA AVE STE 230

BAKERSFIELD, CA 933091190
UNITED STATES US

SHIP DATE: 28AUG15

ACTWT: 0.30 LB

CAD: 70FFC1621

DIMS: 0x0x0 IN

BILL SENDER

Part # 156297-0336R0303000532/80 91250816

TO

FEC
999 E ST NW
NW STE90
WASHINGTON DC 20463

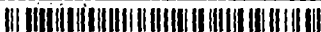
(408) 458-0719

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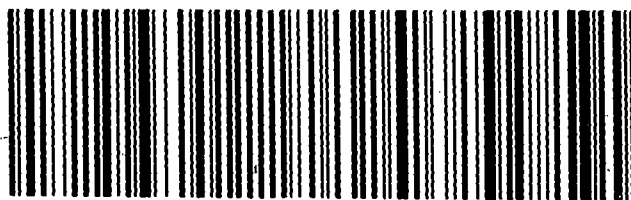
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>8/29/15</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	<i>8/31/15</i> DATE PREPARED

20150831 14:00:00