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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. L2FR4M5

New Vision America Fund

ADDRESS (number and street) 111 W. St. John St., Ste. 400

(Check if address is changed) San Jose CA 95113

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

viday_2000@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 17 2002

3. FEC IDENTIFICATION NUMBER C 00375691

4. IS THIS STATEMENT NEW (N) OR X 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 John Marshall Collins

Signature of Treasurer

Date 06 17 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. 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 10/01)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

New Vision America Fund

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 Collins Day

Mailing Address 111 W. St. John Street, Suite 400

San Jose CA 95113

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Agent Telephone number 408 271 2619

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 John Marshall Collins

Mailing Address 111 W. St. John Street, Suite 400

San Jose CA 95113

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 408 287 9081

Full Name of Designated Agent Vicki L. Day

Mailing Address 111 W. St. John Street

San Jose CA 95113

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Agent Telephone number 408 271 2619

6. **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.

Comerica Bank

Mailing Address

333 W. Santa Clara Street

San Jose

CA

95113

CITY ▲

STATE ▲

ZIP CODE ▲

2002 10 23 12 07 54

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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