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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
DIAMOND FOODS LLC	POLITICAL ACTION	COMMITTEE		
ADDRESS (number and street)	1050 S PIAMOND	STREET		
☐ (Check if address is changed)	PO BOX 1727		<u> </u>	
	STOCKTON CITY A		C A 9 5 2 0 1 - 1 7 2 7 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	TOjo@DiamondF	Foods.com		
La is onlyinged,	Optional Second E-Mail Add		· · · · · · · · · · · · · · · · · · ·	
COMMITTEE'S WEB PAGE ADI 【 (Check if address is changed)	DRESS (URL)			
2. DATE 0 4 1	0 2 0 1 7			
3. FEC IDENTIFICATION NU	JMBER ▶ C	0 0 1 2 6 4 6 6	50 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m -	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Todd Ojo			
Signature of Treasurer			Date 0 4 1 0 / 2 0 1	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further Information of Federal Election Commission Toll Free 800-424-9530	FFL, FL/BIVI I	

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		OMMITTEE .
	loate	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 (Candid		
Candid Party A		Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candid		
Party	Com	mittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) P
Politic	cal A	ction Committee (PAC):
(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		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 p 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	Fund	raising Representative:
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	لبا	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.
		mittoon Participating in Joint Fundraison
	Com	mittees Participating in Joint Fundraiser
	Comi	FEC ID number
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FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee	Name	•
DIAMOND EOO	DE LIC DOLLTECAL ACTION COMMITTEE	1
	DS LLC POLITICAL ACTION COMMITTEE ted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
,,u o. ,, ooo	ou organization, riminated commission contribution and along rispressionalities,	or adderomp (Ab openior)
1 1 1 1 1 1 1		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
	The state of the s	П
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Spor
	ldentify by name, address (phone number optional) and position of the pe	erson in possession of commit
books and records.	•	
TO TO	DD OJO	
Full Name	PO BOX 1727	
Mailing Address		
	STOCKTON	9 5 2 0 1 - 1 7 2
Title or Position	CITY STATE	ZIP CODE
The of Fosition	SINIE	211 0002
TREASURER	Telephone number 2	0 9 - 4 6 7 - 6 2 8
Treasurer: List the nam	ne and address (phone number optional) of the treasurer of the committee;	and the name and address o
	e.g., assistant treasurer).	ч
Full Name		
of Treasurer	PD OJO	1
Mailing Address	PO BOX 1727	
	<u> </u>	
	\$Т,O,C, ĶТ,O,N	9, 5, 2, 0, 1 2 1, 7, 2
	CITY STATE	ZIP CODE
Title or Position	SIAIE	ZIF CODE "
T,REAS,URE,R,	Telephone number 2	0 9 4 6 7 6 2 8

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(3/2015)	DATE PREPARED			