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STATEMENT OF

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FEC FORM 1

(Revised 06/2012)

FORM 1	ORGANIZATION	2015 FEB -2 PY 12: 35
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
DIAMONE	FOODS INC POLITICAL ACT	TION COMMITTEE
ADDRESS (number ar	Id street) 1/050 DIAMOND STREET	-
(Check if a is changed	ddress	
	STOCKTON	CA 9.5.20.5- STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS	
(Check if a is changed		Is. Com
•	Optional Second E-Mail Address	
COMMITTEE'S WEB (Check if a is changed	PAGE ADDRESS (URL) iddress) Lilianianianianianianianianianianianianiani	
2. DATE	1 26 2015	
3. FEC IDENTIFIC	CI00/26466	
4. IS THIS STATEM	MENT NEW (N) OR AMENDED (A)	
I certify that I have e	examined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	of Treasurer Isobel Jones	
Signature of Treasure	er WWGoner	Date 01 26 2015
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	,
Office	For further information co	entact: EEC FORM 1

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

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FEC Form 1 (Hevised 02/2009)
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FEC FC	im 1 (Heviseu 02/2009)
	COMMITTEE
Candidat	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 of Candidate	
Candidate Party Affilia	Office State Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee: (National, State (Democratic,
(d)	This committee is a committee of the Republican, etc.) Party.
Political A	Action Committee (PAC):
(e) X	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 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 Fun	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.
Co	mmittees Participating in Joint Fundraiser
1.	
2.	
3.	FEC ID number C
4.	FEC ID number C

J	FEC Form 1 (Revised 02/2009)	Page 3
V	rite or Type Committee Name	
	Diamond Foods INC Political Action Commit	HEE
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
Ũ	MAMIONIA FOIDOUSI ITNICH IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
L		
	Mailing Address PO BOX / 727	
	STOICIKITOIM CA 9,520	1-1.727
	CITY STATE ZIP	CODE
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.	sion of committee
	Full Name TSOBEL JONES	_1_1_1_1_1
	Mailing Address Po Box 1727	
	Stock Ton CA 19520	1-1.727
	Title or Position CITY STATE ZIP	CODE
	TREASURER Telephone number 4/5T-44	5-7446
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer DEBRA DONAGHY	_
	Mailing Address [Po Box 1727	
		1]-[1,7,27] CODE
	Title or Position ASSISTANT TREASURER Telephone number 2091-146	7-6226

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Full Name of Designated	1	1
Agent		
Mailing Address		
		CODE
Title or Position		
	Telephone number	<u> </u>
		
 Banks or Other safety deposit both Name of Bank, I 		ccounts, rents
	BANK, of the West	
Mailing Address	500 CAPITOL MALL	
	SACRAMENTO CA 1958	14
	CITY STATE ZI	P CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
		<u> </u>
		<u></u> -L
	CITY STATE ZI	P CODE

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FEC MAIL CENTER

FEDERAL ELECTION COMMISSION 999 E STREET NW WASHINGTON DC 20463

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No Postmark	
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Next Business [Day Delivery
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
Other (Specify):	eipt or Postmarked
PREPARER (8/2013)	7/2/15 DATE PREPARED
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