

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 APR -2 P 3:29

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12PS4M5

New Vision America Fund

ADDRESS (number and street)

111 W St. John St

(Check if address is changed)

Suite 400

San Jose

CA

95113

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NLDAY_2000@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

04 01 2002

3. FEC IDENTIFICATION NUMBER

C

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

John Marshall Collins

Signature of Treasurer

Date

04 01 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 1/01)

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

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-DAN

Mailing Address 1111 N St John St

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 DONNA MARSHALL COLLINS

Mailing Address 1111 N St John St

Suite 400

SAN JOSE CA 95113

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 408-271-9001

Full Name of Designated Agent NICKI W DAY

Mailing Address 1111 N St John St

Suite 400

SAN JOSE CA 95113

Title or Position CITY STATE ZIP CODE

Agent Telephone number 408-271-2619

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.

COMERCIAL BANK

Mailing Address

333 W. Santa Clara St.

San Jose

CA

95113

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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