STATEMENT OF

10/15/2014 21 : 32 PAGE 1 / 6 =

FORM 1		ONGAI	NIZAII	ION							
1. NAME OF		(Check if na	ame Ex	xample:If typin	a. tvpe	100		Office	Jse Only		
COMMITTEE (in	full)	is changed)		ver the lines.	5, 71	121	E4M5				
Doug Ose f	for Cor	ngress									
ADDRESS (number a	•	9321 Silverbend Land	e _								
(Check if a is changed											ш
		Elk Grove CITY				CA STATE		95624	ZIP	- L CODE ▲	
COMMITTEE'S E-MA	AIL ADDRES	SS									
(Check if a is changed	address d)	vona@onemain.	com								
		Optional Second E-l	Mail Address								ı
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)									
2. DATE 10	0 / 15										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C C00444	836							
4. IS THIS STATEM	MENT	NEW (N)	OR	× AMENI	DED (A)						
I certify that I have e	examined th	is Statement and to the	he best of my	/ knowledge a	nd belief it i	s true,	correct	and cor	nplete.		
Type or Print Name	of Treasurer	Vona L. Copp									
Signature of Treasure	er <i>Vona i</i>	L. Copp		[Electronical]	y Filed]	Date	10	/ D	15	201	
NOTE: Submission of		eous, or incomplete info						the pen	alties of 2	2 U.S.C.	§437g.
			ī	_							

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	· · · · · · ·			Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Cand	e of didate	Doug Ose	
	didate	Office	State
Party	/ Affiliation	on REP Sought: X House Senate President	District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		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 se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
(b)		committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	The Ose Victory Fund FEC ID number C C009	567339
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
Doug Ose for C	ongress	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Young Guns Day II 20 Mailing Address Relationship: Connected	228 S. Washington Street, Ste. 114 Alexandria CITY STATE Organization Affiliated Committee Joint Fundraising Representative	14 ZIP CODE Leadership PAC Sponsor
Custodian of Records: Iden books and records. Vona Copp	tify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name	9321 Silverbend Lane	
Mailing Address		
	Elk Grove CA 956	;24
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 916	- 686 - 1815
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Vona Copp of Treasurer	,	
Mailing Address	9321 Silverbend Lane	
	Elk Grove CA 9562	
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE - 686 - 1815
1		

1 20 1 011	n 1 (Revised	02/2009)					Page 4
Full Name of Designated Agent	None						
Mailing Address							
		CITY			STATE		ZIP CODE
Title or Position				Telephone nu			
	Depositorie	: List all banks or other dep	ositories in whic	in the comm	wee aeposits	iunas, nolo	us accounts, rents
safety deposit bo Name of Bank, I	oxes or maint Depository, e	n River Bank					
	oxes or maint Depository, e	C.					
Name of Bank, I	oxes or maint Depository, e	n River Bank			CA	95815	
Name of Bank, I	oxes or maint Depository, e	n River Bank 1545 River Park Drive, #107			CA STATE	95815	ZIP CODE
Name of Bank, I	Depository, et	n River Bank 1545 River Park Drive, #107 Sacramento CITY				95815	ZIP CODE
Name of Bank, I	Depository, et America	n River Bank 1545 River Park Drive, #107 Sacramento CITY			STATE		
Name of Bank, I	Depository, et America	n River Bank 1545 River Park Drive, #107 Sacramento CITY			STATE		

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: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Add Joint Fundraising Committee

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number