

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2017 JUL 21 AM 11:48  
Office Use Only

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

12FE4M5

Cal Ag Victory Fund

ADDRESS (number and street) 5132 N Palm Ave #227

(Check if address is changed)

Fresno CA 93704  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) valleyvision559@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 20 / 2017

3. FEC IDENTIFICATION NUMBER C PENDING

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 Allen, Melissa, . . .

Signature of Treasurer *Melissa Allen* Date 07 / 19 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2017-07-21 11:48 AM

5. TYPE OF COMMITTEE

**Candidate 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 Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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 Fundraising 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.

Committees Participating in Joint Fundraiser

- |    |                                                  |               |   |           |
|----|--------------------------------------------------|---------------|---|-----------|
| 1. | CONAWAY FOR CONGRESS                             | FEC ID number | C | C00383828 |
| 2. | Conservative Opportunities for A New America PAC | FEC ID number | C | C00409458 |
| 3. | VALADAO FOR CONGRESS                             | FEC ID number | C | C00499392 |
| 4. | VITORIA PAC                                      | FEC ID number | C | C00551838 |

2017-07-21 AM 08:19:10

Write or Type Committee Name

# Cal Ag Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Allen, Melissa, . .

Mailing Address 5132 N Palm Ave #227

Fresno CA 93704

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 916 - 548 - 2825

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 Allen, Melissa, . .

Mailing Address 5132 N Palm Ave #227

Fresno CA 93704

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 916 - 548 - 2825

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Suncrest Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

663 N Palm Ave

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Fresno

CA

93711

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

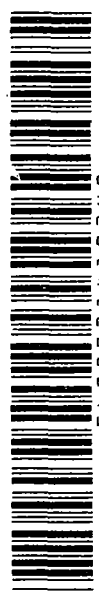
2017-07-21 08:01:00

2017-07-21 10:00:10

PRESS FIRMLY TO SEAL

CPU

U.S. POSTAGE  
\$23.95  
EXLS 0007  
Orig: 93704 62  
Dest: 20463 90  
07/20/17  
R2305P5197 11113109



EL709314102US

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PRIORITY MAIL EXPRESS



1A 1B

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**PAYMENT BY ACCOUNT (if applicable)**

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:30 AM Delivery Required (additional fee, where available)

\* Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ZIP + 4® (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 insurance included.

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  2-Day  Military  DPO

PO ZIP Code \_\_\_\_\_ Postage \$ \_\_\_\_\_

Scheduled Delivery Date (MM/DD/YYYY) \_\_\_\_\_

Date Accepted (MM/DD/YYYY) \_\_\_\_\_ Scheduled Delivery Time \_\_\_\_\_

10:30 AM  3:00 PM Insurance Fee \$ \_\_\_\_\_ COD Fee \$ \_\_\_\_\_

12 NOON \_\_\_\_\_

Time Accepted \_\_\_\_\_ 10:30 AM Delivery Fee \_\_\_\_\_ Return Receipt Fee \_\_\_\_\_ Live Animal Transportation Fee \$ \_\_\_\_\_

Special Handling/Fragile \_\_\_\_\_ Sunday/Holiday Premium Fee \_\_\_\_\_ Total Postage & Fees \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Weight lbs. ozs. \_\_\_\_\_ Acceptance Employee Initials \_\_\_\_\_

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YYYY) Time \_\_\_\_\_ Employee Signature \_\_\_\_\_

AM  PM \_\_\_\_\_

Delivery Attempt (MM/DD/YYYY) Time \_\_\_\_\_ Employee Signature \_\_\_\_\_

AM  PM \_\_\_\_\_

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UNITED STATES POSTAL SERVICE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

2017-07-21 09:00:14

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/20/17
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	7/21/17 DATE PREPARED