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FEC FORM 1

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STATEMENT OF **ORGANIZATION**

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	سيبوند والمساوات		Office Use Only				
NAME OF COMMITTEE (In full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
DIAMOND FOODS LLC POLI	ITICAL ACTION COMMITTEE	E	·				
	_						
ADDRESS (number and street)	1050 S DIAMOND STREE						
(Check if address	PO BOX 1727						
is changed)	STOCKTON		CA 95201 1727				
	CITY ▲		STATE ▲ ZIP CODE ▲				
COMMITTEE'S E-MAIL ADDRE	:SS						
	CCalderon@diamondfood	ds.com					
	Optional Second E-Mail Add						
		<u> </u>					
COMMITTEES MED DAGE AD	IDDEES (UDI)						
COMMITTEE'S WEB PAGE AD	UHESS (UHL)						
is changed)							
2. DATE 0 8 1 1 1 2 0 2 0							
3. FEC IDENTIFICATION NUMBER C 0 0 1 2 6 4 6 6							
4. IS THIS STATEMENT NEW (N) OR X 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 Carla Calderon							
Signature of Treasurer	Conda Call		Date 0 7 1 2 1 2 0 2 3				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §3010. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
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Committees Participating in Joint Fundraiser

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FEC Form 1 (Revised 03/2022)

Candidate Committee:

5. TYPE OF COMMITTEE:

FEC Form 1 (Revis	sed 03/2022)		Page 3			
Write or Type Committee N	lame					
DIAMOND FOODS LLC	POLITCAL ACTION COMMITTEE					
Name of Any Connects	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
Mailing Address		<u> </u>				
		1 1 1 1 1 1 1 1 1 1				
	1		1-1			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Relationship: Conne	-	at Fundralsing Representative	Leadership PAC Spons			
Relationship.	. Annialed Organization	it rundiaising napiasaniaiva	Leadership FAC Spons			
·						
Custodian of Records: books and records.	Identify by name, address (phone number optional) a	nd position of the person in pos	session of committee			
Full Name CAR	RLA CALDERON					
Mailing Address	PO BOX 1727					
			111111			
	[sторктан	CA 9	5 2 0 1 - 1 7 2 7			
	CITY A	STATE ▲	ZIP CODE A			
Title or Position ▼						
Sr. Director Controller	r / Treasury Te	lephone number 2 0 9	_ [9,3,2] _ [5,6,7,9			
	ne and address (phone number - optional) of the treate.g., assistant treasurer).	asurer of the committee; and t	ne name and address of			
	OLA CAL DEGON					
Full Name of Treasurer CAR	RLA CALDERON		<u> </u>			
· CAR	PO BOX 1727					
of Treasurer CAR	 					
of Treasurer CAR	 	CA 9	5 2 0 1 - 1 7 2 7			
of Treasurer CAR	PO BOX 1727	CA 9 STATE ▲	5 2 0 1 - 1 7 2 7 ZIP CODE ▲			

	FEC Form 1	(Revised 03/2022)		Page 4		
	Full Name of Designated Agent	GARY FORD	<u> </u>			
	Mailing Address	PO BOX 1727				
		STOCKTON	CA	9 5 2 0 1 - 1 7 2 7		
	Title or Position		STATE A	ZIP CODE ▲		
	Executive Chai		er [2 0	9 - 4 6 7 - 6 7 1 3		
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.					
		WELLS FARGO BANK	<u> </u>			
	Mailing Address	PO BOX 63020				
		SAN FRANCISCO	C'A	94,1,6,3]-		
		CITY ▲ S	STATE A	ZIP. CODE ▲		
	Name of Bank, Depository, etc.					
		<u> </u>				
	Mailing Address					
			 	لىسىسىنى		
	·	CITY ▲ S	STATE A	ZIP CODE ▲		

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Other (Specify):	Date of Receipt or Postmarked				
PREPARER MP	7/19/23 DATE PREPARED				
(4/2023)					