Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. LIED GRAPE GROWERS PAC 7030 N. FRUIT, SUITE 115 ADDRESS (number and street) (Check if address is changed) **FRESNO** 93711 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS alesia@alliedgrapegrowers.org (Check if address X is changed) Optional Second E-Mail Address jeff@alliedgrapegrowers.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.alliedgrapegrowers.org (Check if address is changed) DATE 06 2018 C00119388 FEC IDENTIFICATION NUMBER > 3. X 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. Bitter, Jeffrey, , , Type or Print Name of Treasurer Bitter, Jeffrey, , , [Electronically Filed] 07 06 2018 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye 🚣
Can	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Cand	e of lidate		
	lidate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:	(5
(d)		This committee is a (National, State or subordinate) committee of the	(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 cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

1		
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Write or Type Committee Name	•	
ALLIED GRAP	E GROWERS PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
ALLIED GRAPE GRO	WERS PAC	
	TOOO N. EDUIT CHIEF 445	
Mailing Address	7030 N. FRUIT, SUITE 115	
	FRESNO CA CITY STATE	93711 ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Zion, Ales	ia, , ,	
	7030 N. Fruit Avenue	
Mailing Address	Suite 115	
	Fresno	.93711
Title or Position	CITY STATE	ZIP CODE
Accounting	Telephone number	59
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Bitter, Jeffi	rey, , ,	1
of Treasurer	7030 N. Fruit Avenue	
Mailing Address		
	Suite 115	
	Fresno	93711
Title or Position	CITY STATE	ZIP CODE
President	5: Telephone number	59 276 7021

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 2
	Telephone number	
Banks or Other safety deposit be Name of Bank, I		accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	
safety deposit bo Name of Bank, I	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	
Name of Bank, I	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	
Name of Bank, I	Depository, etc.  Comerica Bank  5200 N. Palm #320  Fresno  CA  93704	