

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 JUL 31 PM 2:09

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

INDEPENDENT OIL PRODUCERS' AGENCY

ADDRESS (number and street) 4520 CALIFORNIA AVENUE

Check if different than previously reported. (ACC) SUITE 230

BAKERSFIELD CA 93309 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00183434

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                                  |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                                             |

- (c) 12-Day PRE-Election Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |
- Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|
- Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sidney Hessler

Signature of Treasurer *Sidney Hessler* Date MM / DD / YYYY  
07 / 26 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

2017-07-31 PM 2:09

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT OIL PRODUCERS' AGENCY

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="39,310.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39,310.88"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="39,310.88"/>	<input type="text" value="39,310.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,350.00"/>	<input type="text" value="2,350.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36,960.88"/>	<input type="text" value="36,960.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**INDEPENDENT OIL PRODUCERS' AGENCY**

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2017 To: MM / DD / YYYY 06 / 30 / 2017

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	<input type="text"/>	<input type="text"/>
(ii) Unitemized.....	<input type="text"/>	<input type="text"/>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<input type="text"/>	<input type="text"/>
(b) Political Party Committees.....	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs).....	<input type="text"/>	<input type="text"/>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<input type="text"/>	<input type="text"/>
12. Transfers From Affiliated/Other Party Committees.....	<input type="text"/>	<input type="text"/>
13. All Loans Received.....	<input type="text"/>	<input type="text"/>
14. Loan Repayments Received.....	<input type="text"/>	<input type="text"/>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<input type="text"/>	<input type="text"/>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<input type="text"/>	<input type="text"/>
17. Other Federal Receipts (Dividends, Interest, etc.).....	<input type="text"/>	<input type="text"/>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	<input type="text"/>	<input type="text"/>
(b) Levin Funds (from Schedule H5).....	<input type="text"/>	<input type="text"/>
(c) Total Transfers (add 18(a) and 18(b))..	<input type="text"/>	<input type="text"/>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,350.00	2,350.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,350.00	2,350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,350.00	2,350.00

NON-FEDERAL ACTIVITY

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

20170713100100100004

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 3					
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**INDEPENDENT OIL PRODUCERS' AGENCY**

Full Name (Last, First, Middle Initial) <b>A. VALADAO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>03 / 27 / 2017</b>
Mailing Address <b>PO BOX 839</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>HANFORD, CA</b>	State Zip Code <b>93232</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type	Amount of Each Disbursement this Period <b>500.00</b>
Candidate Name <b>DAVID VALADAO</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IPAA WILDCATTERS FUND</b>		Date of Disbursement MM / DD / YYYY <b>03 / 27 / 2017</b>
Mailing Address <b>1201 15TH STREET NW, SUITE 300</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>WASHINGTON, DC</b>	State Zip Code <b>20005</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type	Amount of Each Disbursement this Period <b>500.00</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF FRANK BIGELOW FOR ASSEMBLY 2018</b>		Date of Disbursement MM / DD / YYYY <b>04 / 10 / 2017</b>
Mailing Address <b>c/o WARFIELD &amp; ASSOC., 921 11ST STREET, STE 701</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>SACRAMENTO, CA</b>	State Zip Code <b>95814</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type	Amount of Each Disbursement this Period <b>300.00</b>
Candidate Name <b>FRANK BIGELOW</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1,300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

2017-07-11 09:08:41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 3								
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**INDEPENDENT OIL PRODUCERS' AGENCY**

Full Name (Last, First, Middle Initial) <b>A. CIPAC-FEDERAL</b>		Date of Disbursement MM / DD / YYYY <b>04 / 24 / 2017</b>
Mailing Address <b>1001 K STREET, 6TH FLOOR</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>SACRAMENTO, CA</b>	State <b>95814</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/ Type <b>CONTRIBUTION</b>
Candidate Name <b>CIPAC-FEDERAL</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MIMI WALTERS VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY <b>05 / 08 / 2017</b>
Mailing Address <b>3553 ATLANTIC AVENUE #233</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>LONG BEACH, CA</b>	State <b>90807</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/ Type <b>CONTRIBUTION</b>
Candidate Name <b>MIMI WALTERS</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VALADAO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>05 / 08 / 2017</b>
Mailing Address <b>PO BOX 839</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>HANFORD, CA</b>	State <b>93232</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/ Type <b>CONTRIBUTION</b>
Candidate Name <b>DAVID VALADAO</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

NON-CONFIDENTIAL INFORMATION

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
INDEPENDENT OIL PRODUCERS' AGENCY

Full Name (Last, First, Middle Initial)

**A.** DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address  
PO BOX 6545

City VISALIA, CA State Zip Code 93290

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DEVIN NUNES

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2017

Amount of Each Disbursement this Period

250.00

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

2,350.00

2017-07-07 10:00:00 AM





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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
-----------------------------------------	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
------------------------------------------------	------------	-----------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
-----------------------------------------------------	------------

<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	<i>Fed Ex</i>	Shipping Date	<i>7/27/17</i>
	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	<i>7/31/17</i> DATE PREPARED
-------------------------------------------------------------------------------------------------	---------------------------------

20170727 10:00:00 AM