Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Council for Responsible Nutrition Political Action Committee 1828 L Street, NW ADDRESS (number and street) Suite 810 (Check if address is changed) Washington 20036-5114 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jgustafson@crnusa.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.crnusa.org/ (Check if address is changed) DATE 05 2019 C00399659 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. Gustafson, Julia, , Ms., Type or Print Name of Treasurer Gustafson, Julia, , Ms., [Electronically Filed] 05 2019 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	ш	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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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١٨	FEC Form 1 (Revised 0 /rite or Type Committee Name		Page 3
	_		,
_		ponsible Nutrition Political Action Committee	
ö.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
C	ouncil for Responsib	le Nutrition	
_			
	Mailing Address	1828 L Street, NW	
	Mailing Address	Suite 810	
		Washington DC 20036	
		CITY STATE ZIF	CODE
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
		ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	books and records.		
	Dumais, W	Villiam, , ,	
	Mailing Address	1828 L Street, NW	
	Mailing Address	Suite 810	
		Washington DC 20036	
	Title or Position	CITY STATE ZIF	CODE
	Gov't Rel Associate	202 204	7677
		Telephone number	
3.	Treasurer: List the name and	d address (phone number optional) of the treasurer of the committee; and the name	and address of
	any designated agent (e.g., a	assistant treasurer).	
	Full Name Gustafson, of Treasurer	, Julia, , Ms.,	1
		1828 L Street, NW	
	Mailing Address	Suite 810	
		Washington DC 20036	- L
	Title or Position , VP, Gov't Relations		CODE
	vi , Gov i Neidilolis	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	7690

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1 1
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Bank of America 1730 15th Street, NW	
safety deposit b Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW First Floor	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 730 15th Street, NW First Floor Washington DC 2000	5
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 730 15th Street, NW First Floor Washington CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 730 15th Street, NW First Floor Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW First Floor Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW First Floor Washington CITY STATE Depository, etc.	ZIP CODE