## 2022 12 16 03 00430157

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2022 DEC 15 PM 1: 23

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
$[N_ia_it_i]_{O_i}n_ia_il_i$ $S_i$	o <sub>l</sub> r <sub>l</sub> g <sub>l</sub> h <sub>l</sub> u <sub>l</sub> m <sub>l l</sub> P <sub>l</sub> r <sub>l</sub> o <sub>l</sub>	d <sub>i</sub> u <sub>i</sub> c <sub>i</sub> e <sub>i</sub> r <sub>i</sub> s <sub>i i</sub> P <sub>i</sub> o <sub>i</sub> l	i,t,i,c,a,l, ,A,c,t,i,o,n, ,
$[C_lo_lm_lm_li_lt_lt_le_le_l]$			
ADDRESS (number and street)	[4,2,0,1,N,I,n]	t,e,r,s,t,a,t,e, ,2	7, , , , , , , , , , , , , , , , , ,
(Check if address is changed)			
	$ \begin{array}{c c} L_{l} u_{l} b_{l} b_{l} o_{l} c_{l} k_{l-l-l} \\ \hline CITY \blacktriangle \end{array} $		T <sub>1</sub> X
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	s <sub>i</sub> h <sub>l</sub> e <sub>l</sub> r <sub>l</sub> i <sub>l</sub> @ <sub>l</sub> s <sub>l</sub> o <sub>l</sub> r <sub>l</sub>	g <sub>i</sub> h <sub>l</sub> u <sub>l</sub> m <sub>l</sub> g <sub>l</sub> r <sub>l</sub> o <sub>l</sub> w <sub>l</sub> e <sub>l</sub> r	S . C O M
	Optional Second E-Mail Additional Second E-Mail Additional Second E-Mail Additional Additional Second E-Mail Additional Additional Second E-Mail Additional Additional Second E-Mail Additional Second E-Mail Additional Additional Second E-Mail Addi	ress gˌhˌuˌmˌgˌrˌoˌwˌeˌr	s,.com,
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)		11111111	
2. DATE 12 08	2022		
3. FEC IDENTIFICATION NU	JMBER ▶ C 0 (	0 4 7 5 6 7 3	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Larry Richar	dson	
Signature of Treasurer	any Richan	dsor	Date 12 08 2022
NOTE: Submission of false, errone		nay subject the person signing ION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ECL ELIBINI

C Form 1 (Re	evised 03/2022)			Page 2
TYPE OF C	OMMITTEE:			
Candidate	Committee:			
(a) Thi	is committee is a principal	campaign committee. (C	complete the candidate infor	mation below.)
	is committee is an authorize prmation below.)	ed committee, and is N	OT a principal campaign co	mmittee. (Complete the candidate
Name of Candidate	1,,,,,,,		1 1 1 1 1 1 1 1 1 1	
Candidate Party Affilia	otion.	Office Sought: Ho	use Senate	State President
ŕ				District
(c) Thi	is committee supports/oppo	ses only one candidate	, and is NOT an authorized	committee
Name of Candidate	1	•		
Carididati	e [ ] ] ] ] ] [			
Party Com	mittee:	(1)		<b>.</b>
(d) Th	is committee is a	(National, State or subordinate)	committee of the	(Democratic, Republican, etc.) Party
	is committee supports/oppo mmittee. (i.e., nonconnected In addition, this com	ses more than one Fed committee) mittee is a Lobbyist/Re	leral candidate, and is NOT	Cooperative  a separate segregated fund or party  ne 6.)
(g) Th	is committee is an independ	dent expenditure-only p	olitical committee (Super PA	C).
	In addition, this com	mittee is a Lobbyist/Re	gistrant PAC.	
(h) Thi	is committee is a political c	ommittee with both con	tribution and non-contributio	n accounts (Hybrid PAC).
	In addition, this com	mittee is a Lobbyist/Re	gistrant PAC	
(i) Thi		outions, pays fundraisin	g expenses and disburses r authorized committee of a	net proceeds for two or more political federal candidate.
(1)	This committee collects contributions, have fundraising expenses and disburses not proceeds for two or more political			
Committe	es Participating in Joint F	undraiser		
1.		<u> </u>		C
			<del></del>	C

۷	Vrite or Type Committee Name				_	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
		11111	<del></del>	11111	<del>                                      </del>	
	Mailing Address				<u> </u>	
			CITY ▲	STA	TE A	ZIP CODE ▲
	Relationship Connected	Organization A	Affiliated Organization	Joint Fundraising Rep	resentative	Leadership PAC Sponso
<del></del> 7.	Custodian of Records: Iden books and records.	tify by name, addres	ss (phone number optic	onal) and position of the	person in pos	session of committee
	Full Name   Shern	Nugent		11111	<del></del>	
	Mailing Address	[4,2,0,1, 1	$I_{i}I_{i}n_{i}t_{i}e_{i}r_{i}s_{i}$	t <sub>i</sub> a t <sub>i</sub> e 12,7		
					<del>                                      </del>	<u> </u>
		L <sub>i</sub> u <sub>i</sub> b <sub>i</sub> b <sub>i</sub> o <sub>i</sub> d	c, k, , , , , , , , , , , , , , , , , ,		X 7	9,4,0,3]-[
	Title or Position ▼		CITY A	STA	TE ▲	ZIP CODE ▲
	$[C_1u_1s_1t_1o_1d_1i_1a_1n_1]$			Telephone number	<u>80<sub>1</sub>6</u>	- <u>[7,4,9]</u> - <u>[3,4,7,8]</u>
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).				e name and address of		
	Full Name of Treasurer $[L_l a_l r_l]$	r <sub>ı</sub> y <sub>ı  </sub> R <sub>ı</sub> i <sub>ı</sub> c <sub>ı</sub> l	nardson		<u> </u>	
	Mailing Address	$[P_1O_1]B_1O_1$	K <sub>1 1</sub> 6 <sub>1</sub> 0 <sub>1 1 1 1 1</sub>		1 1 1 1 1	
				111111	1 1 1 1 1	
		V <sub>l</sub> e <sub>l</sub> g <sub>l</sub> a <sub>ll</sub>	1.	I LILL	X 7	9,4,0,3]-[
	Title or Position ▼		CITY A	STA	TE ▲	ZIP CODE ▲
1	T <sub> </sub> r <sub> </sub> e <sub> </sub> a <sub> </sub> s <sub> </sub> u <sub> </sub> r <sub> </sub> e <sub> </sub> r <sub> </sub>			Telephone number	[8,0,6]	- [7 <sub>1</sub> 4 <sub>1</sub> 9] - [3 <sub>1</sub> 4 <sub>1</sub> 7 <sub>1</sub> 8] •

_	FEC Form 1 (Revised (	03/2022)			Page <b>4</b>
	Full Name of Designated Agent				
	Mailing Address			<del>                                      </del>	
				<del>Ll . l . l</del>	
	Title or Position ▼	CITY ▲	STA	TE A	ZIP CODE ▲
			Telephone number		
9.	Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories intains funds.	in which the committee de	posits funds, ho	lds accounts, rents
	Name of Bank, Depository, o	elc.			
	ليبيا	<u> </u>			
	Mailing Address			للللل	
				<u> </u>	
				ىيا لى	
		CITY ▲	STA	TE ▲	ZIP CODE A
	Name of Bank, Depository, e	etc.			
				<del>                                     </del>	
	Mailing Address				
				نا لنا	
		CITY ▲	STA	TE ▲	ZIP CODE ▲

FEC Form 1S (Revised 03/2022)

## Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page	of	

5(i) or (j	j). Joint Fundraisir	g Participant:
	1. <u> </u>	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C
6. <b>N</b>	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	Mailing Address	
	Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲
	_ Connecte	d Organization , Affiliated Committee Joint Fundraising Representative : Leadership PAC Sponsor
8. <b>D</b>	Pesignated Agent: Identif	y by name, address (phone number - optional)
	Full Name Tim	<u> </u>
	Mailing Address	[4201 N. Interstate 27
		[Lubbock
	TITLE OR POSITION	▼ CITY ▲ STATE ▲ ZIP CODE ▲
	Chief Execu	tive Officer Telephone Number 806 - 749 - 3478
9. <b>B</b>	Banks or Other Deposito	ries: List all banks or other depositories in which the committee deposits funds, holds accounts, rents
S	afety deposit boxes or ma	aintains funds.
N D	Name of Bank, Citit	y,
	Mailing Address	P <sub>1</sub> O <sub>1</sub> , B <sub>1</sub> O <sub>1</sub> x <sub>1</sub> , 5 <sub>1</sub> O <sub>1</sub> 6 <sub>1</sub> O <sub>1</sub> ,
		$[L_1u_1b_1b_1o_1c_1k_1]$ $[T_1X]$ $[7_19_14_10_18]$ $[T_1X]$
1		CITY ▲ STATE ▲ ZIP CODE ▲

## nal Sorghum Producers

1 Interstate 27, Lubbock, Texas 79403

2022 DEC 15

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12/08/2022 ZIP 79403
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Federal Election Committee Washington, DC 20463 1050 First Street, N.E.

Federal Election Con ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fill	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail    Postmarked	Date of Receipt  12/15/22
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt se
Received from Electronic Filing, Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	12 16 22 DAVE PREPARED
(3/2015)	