

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

NATIONAL GRAPE CO-OPERATIVE ASSOCIATION INC/WELCH FOODS INC, A COOPERATIVE PAC

ADDRESS (Home or street) 2 SOUTH PORTAGE STREET

(Check if address is changed) WESTFIELD NY 14787

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tbuss@welchs.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 26 / 2001

3. FEC IDENTIFICATION NUMBER C00133215

4. IS THIS STATEMENT X 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

Type or Print Name of Treasurer Brent J. Roggie

Signature of Treasurer Electronically Filed by Brent J. Roggie Date 07 / 26 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1110

**FEC FORM 1**  
(Revised 1/2001)



Write or Type Committee Name

**NATIONAL GRAPE CO-OPERATIVE ASSOCIATION INC/WELCH FOODS INC, A COOPERATIVE PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Brent J. Roggie**

Mailing Address **2 South Portage Street**

**Westfield NY 14787**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Brent J. Roggie**

Mailing Address **2 South Portage Street**

**Westfield NY 14787**

Title or Position ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY Δ STATE Δ ZIP CODE Δ

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