Image# 201907269151677246				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	-	Of	fice Use Only
1. NAME OF	(Check if name	Example: If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
NATIONAL POT	ATO COUNCIL F	POTATO POLITIC	CAL ACTIO	
	1300 L STREET N.W. SUITE	910		
ADDRESS (number and street)				
 (Check if address is changed) 				
<i>č i</i>	WASHINGTON			07
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
★ (Check if address	KAMQ@NATIONALPC	DTATOCOUNCIL.ORG		1
is changed)				
	Optional Second E-Mail Ad	atocouncil.org		
COMMITTEE'S WEB PAGE AI	JURESS (URL)			1
is changed)				
	26 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	NUMBER ► C C	00154104		
4. IS THIS STATEMENT	× NEW (N) OR			
4. IS THIS STATEMENT		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.
Tupo or Drint Nome of Traction	er Quarles, W. Kam, , ,			
Type or Print Name of Treasur	GI			
Signature of Treasurer	urles, W. Kam, , ,	[Electronically Filed]	Date 07	26 / Y Y Y Y Y 2019
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing to N SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office		For further information c		FEC FORM 1
Use Only		Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on	(Revised 06/2012)

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TYPE OF C	COMMITTEE
Candidat	e Committee:
(a)	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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Pa
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

NATIONAL POTATO COUNCIL POTATO POLITICAL ACTION COMMITEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N				
L				
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Identibooks and records.	tify by name, address (phone number o	pptional) and position of the person in po	ossession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of th ssistant treasurer).	ne treasurer of the committee; and the n	ame and address of
	Full Name Quarles, W of Treasurer	. Kam, , ,		
	Mailing Address	1300 L Street, NW		
		Suite 910		
	Title or Position	Washington	DC 20005 STATE	ZIP CODE
			Telephone number	682 9456

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Full Name of Designated Agent																		1							 	_
Mailing Address																										
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							CI	ΓY								STA	ΤE				ZIF	Р С	OD	E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber] – [

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.

SunTru	ust Bank		
Mailing Address	1275 K Street NW		
	Washington	DC 20005	
_	CITY	STATE Z	IP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE Z	IP CODE