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FEC FORM 1			TATEM RGAN						Office	Use Only			
1. NAME OF COMMITTEE (ir	n full)	,	Check if name changed)		ample:If tyer the line	vping, type s.	121	FE4M5	5				
National A	gricult	ural A	viation	Asso	ciatio	n Ag-	Av PA	۸C	1 1 1				ı
													_
ADDRESS (number a	nd street)	1005 E S	treet S.E.										_
X (Check if ac is changed)		Washing	yton				DC	;	20003		-  -		
				CITY			STAT	Е		ZIP C	ODE		
COMMITTEE'S E-MA (Check if is change	address		provide only or@agaviation.		ddress)								
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)										
(Check if is change													
2. DATE 04	M / D 4	D / Y	2012										
3. FEC IDENTIFIC	CATION NU	MBER	С	C003417	701								
4. IS THIS STATE	MENT X	NEW	(N) OF	₹ [	AM	ENDED (A)	)						
I certify that I have e	examined th	is Stateme	nt and to the	best of my	knowledg	e and belie	ef it is true	e, correc	t and co	mplete.			
Type or Print Name	of Treasurer	Mr. Ran	dy Hale										_
Signature of Treasure	<i>Mr. Ran</i> er	dy Hale			[Electro	nically Filed	Date	04	M / C	17	2	012	
NOTE: Submission of			omplete informa	•		-	•			alties of	2 U.S.C	C. §437	<b>j</b> .
Office					For furth	er information	on contact:		E	C EC	DM.	1	

	Office			For further information contact:	FEC FORM 1
	Use			Federal Election Commission	
	Only			Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

ı	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPI	E OF C	OMMITTEE :	
(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. (Cominformation below.)	nplete the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee: (National, State	(Domocratic
(d)		This committee is a committee of the committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X 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 secommittee. (i.e., nonconnected committee)	egregated 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 to 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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo 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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FFC Form 1 (Povice	od 02/2000)	Dogo 2
FEC Form 1 (Revise		Page 3
Write or Type Committee Na		•
	cultural Aviation Association Ag-Av PAC	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
National Agricultural	Aviation Association	
Mailing Address	1005 E Street SE	
Ü		
	Washington DC	20003
	CITY STATE	ZIP CODE
		_
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
<ol> <li>Custodian of Records: I books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the per	son in possession of committee
Full Name		
Mailing Address		
		1
Title on Decition		710,0005
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ag., assistant treasurer).	and the name and address of
Full Name Mr. Rar	ndy Hale	
of Treasurer		
Mailing Address	5138 Co. Rd. 44	
	Robstown	78380
Title or Position	CITY STATE	ZIP CODE
AG AV PAC Treasurer		2   546   5722

Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank, Mailing Address		
Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE	ZIP CODE
Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE  Washington  CITY  STATE	
Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE  Washington  CITY  STATE	
Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE  Washington  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE  Washington  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  215 Pennsylvania Avenue SE  Washington  CITY  STATE	