Image# 13964898463				12/18/2013 10 : 52
FEC FORM 1	STATEMEN ORGANIZ		Office	PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
NATIONAL ASSOCIATIO	ON OF FARM SERVICE AGEN	NCY COUNTY OFFICE EN	IPLOYEES INC PP	CAKA NASCOE PAC
	1156 15th Street, NW			
ADDRESS (number and street) _Suite 329			
is changed)				
				; , , , - , , ,
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADD	BESS			
	nafsacoe@yahoo.com			
 (Check if address is changed) 				
	Optional Second E-Mail Add	lress		
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)			
2. DATE 12	D D / Y Y Y Y 18 2013			
3. FEC IDENTIFICATION	NUMBER ► C co	00413567		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treas	urer Hunter Moorhead			
Signature of Treasurer	unter Moorhead	[Electronically Filed]	Date 12	18 / Y Y Y Y Y 18 2013
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 (Revised 06/2012)

_		
FEC FC	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate Presider	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	2.
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) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization i
	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 separat committee. (i.e., nonconnected committee)	e segregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, at least one of which is an authorized committee of a federal candid	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Con	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

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

N	ational Association of	Farm Service Agency Cou	inty Office E	mployees Inc.	
	Mailing Address	1156 15th Street, NW			
		Suite 329			
		Washington		DC 20	0005
		CITY		STATE	ZIP CODE
	Relationship: X Connected	Organization Affiliated Committee	Joint Fundrais	sing Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number \cdot	optional) and p	osition of the person	in possession of committee
	Dirk Smith				
	Full Name				
	Mailing Address	P.O. Box 53176			
		Washington			0009
	Title or Position	CITY		STATE	ZIP CODE
	Custodian of Records		Telephone	number 202	<u>462</u> 1717

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	
Mailing Address	1156 15th Street, NW
	Suite 329
	Washington DC 20005 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Image: Telephone number 202 559 0170

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent						I								I				I										
Mailing Address																												
			1																									
			1						1			I	1								1				-[1	
					СП	ΓY										STA	ΤE						ZIP	С	DDE	-		
Title or Position																												
											Tele	eph	one	e nu	ımt	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.

	BB&T		
Mailing Address	1099 New York Avenue, NW		
	Washington	DC 20001	
	CITY	STATE ZIP CODE	
Name of Bank, D	Pepository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	