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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. National Corn Growers Association (NCGA) 20 F Street NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS keller@dc.ncga.com (Check if address is changed) Optional Second E-Mail Address appleton@dc.ncga.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00376343 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Ms. Brooke Shupe Appleton Type or Print Name of Treasurer Ms. Brooke Shupe Appleton [Electronically Filed] 05 08 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		COMMITTEE	
Can	didate	e Committee:	
(a)	Ш	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.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Dart	v Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)	X	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 so committee. (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 Func	draising 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.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.	FEC ID number	

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Write or Type Committee N		1004)	
National Corn	Growers Association (N	ICGA)	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fo	undraising Representative, or Lea	adership PAC Sponsor
National Corn Grow	vers Association		
Mailing Address	632 Cepi Drive		
	Chesterfield	MO 630	005
	CITY	STATE	ZIP CODE
Relationship: X Conne	ected Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number opt	tional) and position of the person i	in possession of committee
Ms. Bı Full Name	rooke Shupe Appleton		
	20 F Street NW		
Mailing Address	Suite 600		
	Washington	DC 200	001
Title or Position	CITY	STATE	ZIP CODE
Dir. Policy and Stra		Telephone number 202	- 628 - 7001
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the g., assistant treasurer).	treasurer of the committee; and the	ne name and address of
Full Name Ms. Br of Treasurer	ooke Shupe Appleton		
Mailing Address	20 F Street NW		
	Suite 600		
	Washington	DC 200	001
TH D '''	CITY	STATE	ZIP CODE
Title or Position Dir. Policy and Stra		Telephone number 202	_ 628

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, ho poxes or maintains funds. Depository, etc. Regions Bank	olds accounts, rents
safety deposit b	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd	
safety deposit b Name of Bank,	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield MO 63005	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield Chesterfield CITY STATE	
safety deposit b Name of Bank,	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield Chesterfield CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield Chesterfield CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Regions Bank 100 Chesterfield Industrial Blvd Chesterfield CITY STATE Depository, etc.	