PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Iowa Renewable Fuels Association PAC - IRFA PAC 5505 NW 88th St ADDRESS (number and street) Suite 100 (Check if address is changed) **Johnston** 50131 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mshaw@iowarfa.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00438978 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. Haack, Daryl, , , Type or Print Name of Treasurer Haack, Daryl,,, [Electronically Filed] 09 13 2018 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

FFC	Form 1 (Revised 02/2009)	Page <b>2</b>			
	COMMITTEE	i aye 🚣			
Candida	ate 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 Affil		State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party C	ommittee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Politica	Action Committee (PAC):				
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization 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 s 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.)				
Joint Fu	ndraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	wo or more political			
Co	ommittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

Г			
FEC Form	1 (Revised 0	2/2009)	Page <b>3</b>
Write or Type Com	mittee Name		
Iowa Rer	ewabl	e Fuels Association PAC - IRFA PA	AC
6. Name of Any C	Connected C	rganization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
Iowa Renewa	ble Fuels	Association	
Mailing Address		5505 NW 88th Street	
Mailing Address		Suite 100	
		Johnston IA	50131
		CITY STATE	ZIP CODE
		CITY	ZIP CODE
Relationship:	Connected	Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
<ol> <li>Custodian of R books and recor</li> </ol>		tify by name, address (phone number optional) and position of the	person in possession of committee
	Shaw, Mor	ıte, , ,	
Full Name		,5505 NW 88th Street	
Mailing Address		3303 INV 66ITI Street	
		Johnston IA	50131
Title or Position		CITY STATE	ZIP CODE
Assistant Treas	surer	Telephone number	515
3. <b>Treasurer:</b> List to any designated a	he name and agent (e.g., a	address (phone number optional) of the treasurer of the committed ssistant treasurer).	ee; and the name and address of
Full Name	Haack, Dar	yl, , ,	ı
of Treasurer		JEEGE NIW 90th Street	
Mailing Address		5505 NW 88th Street	
		Johnston IA	50131
Title or Position		CITY STATE	ZIP CODE
Treasurer		1 _,	515   252   6249

Telephone number

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>					
Full Name of Designated Agent	Shaw, Monte, , ,						
Mailing Address	5505 NW 88th Street						
	Johnston IA 50131  CITY STATE ZI	IP CODE					
Title or Position Assistant Treasu	urer 515 25	6249					
safety deposit bo	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.						
	Bankers Trust						
Mailing Address	3905 Merle Hay Road						
	Des Moines IA 50310						
	CITY STATE Z	IP CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE ZI	IP CODE					