PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) QUAD COUNTY CORN PROCESSORS COOPERATIVE POLITICAL ACTION COMMITTEE 100 EAST THIRD STREET ADDRESS (number and street) (Check if address is changed) **GALVA** 51020 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DELAYNEJ@QUAD-COUNTY.COM (Check if address is changed) Optional Second E-Mail Address COLEE@QUAD-COUNTY.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00526194 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. BENNETT, ALAN, , , Type or Print Name of Treasurer BENNETT, ALAN, , , [Electronically Filed] 09 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:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	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.)	olete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(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.	o 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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Write or Type Committee Name	е	
QUAD COUNTY CO	RN PROCESSORS COOPERATIVE POLITICAL ACTIO	N COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Quad County Corn Pro	ocessors Cooperative	
Mailing Address	100 East Third Street	
Mailing Address	P.O. Box 208	
	Galva IA 51020	
	CITY STATE	ZIP CODE
_		
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Egger, Co	ole, , ,	1
Full Name	,100 East Third Street	
Mailing Address		
	Galva , IA , 51020	
	Galva IA 51020	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		282 4628
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name BENNETT	, ALAN, , ,	1
of Treasurer	1681 MARKET AVENUE	
Mailing Address		
	GALVA IA 51020	
Title or Position Treasurer	CITY STATE	ZIP CODE 210 0893
	Telephone number	

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Full Name of Designated Agent	Egger, Cole, , ,	
Mailing Address	100 East Third Street	
Mailing Address		
	Galva	0 1_1
	CITY STATE	ZIP CODE
Title or Position Assistant Treasu		282 - 4628
Banks or Other safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, he oxes or maintains funds. Depository, etc.	olds decounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. UNITED BANK OF IOWA	
safety deposit bo	oxes or maintains funds. Depository, etc. UNITED BANK OF IOWA 102 MAIN STREET	LILITION OF THE STATE OF THE ST
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. UNITED BANK OF IOWA 102 MAIN STREET	
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safety deposit bo Name of Bank, [Depository, etc. UNITED BANK OF IOWA 102 MAIN STREET GALVA CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. UNITED BANK OF IOWA 102 MAIN STREET GALVA CITY STATE	O
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