

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

National Biodiesel PAC

ADDRESS (number and street) PO Box 104554

(Check if address is changed)

Jefferson City Mo 65110

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

hgrote@biodieselpac.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.biodieselpac.org

COMMITTEE'S FAX NUMBER

573-445-8888

2. DATE 03 20 2007

3. FEC IDENTIFICATION NUMBER C00431270

4. 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.

Type or Print Name of Treasurer Tom Verry

Signature of Treasurer *Tom Verry*

Date 03 20 2007

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

"None" _____

Mailing Address _____

 _____ - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

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Write or Type Committee Name

National Biodiesel PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Jeannie Bloodgood

Mailing Address Williams Keepers

3220 W Edgewood Suite E

Jefferson City MO 65109-

Title or Position CITY STATE ZIP CODE

Staff Accountant

Telephone number 573-632-0933

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 Tom Derry

Mailing Address 601 Howard Street

PO Box 104554

Jefferson City MO 65109-

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 573-291-2345

Full Name of Designated Agent Gary Wheeler

Mailing Address PO Box 104554

Jefferson City MO 65101-

Title or Position CITY STATE ZIP CODE

Designated Agent

Telephone number 573-579-5329

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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.

Central Bank

Mailing Address

111 East Miller St

Jefferson City

MO

65101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

EA
 PREPARER 4/4/07
 (3/2005) DATE PREPARED

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