Only

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) Protect the Harvest Political Action Committee 480 Southpoint Circle ADDRESS (number and street) (Check if address is changed) Brownsburg 46112 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@pthpac.com (Check if address is changed) Optional Second E-Mail Address mark.roth@brownwinick.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00563825 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. Gunn, Keli, , , Type or Print Name of Treasurer Gunn, Keli,,, [Electronically Filed] 04 17 2020 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

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)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	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.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	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.		

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name	2/2003/	i aye 3
	est Political Action Committee	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE	, , , , , , , , , , , , , , , , , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person in	n possession of committee
Linville, Brit	ttany, , ,	
Mailing Address	480 Southpoint Circle	
ag . taar 050		
	Brownsburg IN 461	12
Title or Position	CITY	ZID CODE
THE OF PUSHION	CITY STATE	ZIP CODE
Accountant	Telephone number 844	360 8300
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Gunn, Keli, of Treasurer	,, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , I
	480 Southpoint Circle	
Mailing Address	<u> </u>	
	Brownsburg IN 461	12
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 844	- 360 - 8300

	4 (7) 1 4 00 (0000)	5 4
FEC For n	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Roth, Mark, , ,	
Mailing Address	666 Grand Ave	
Manning Madress	Suite 2000	
	Des Moines IA 50309	-
	CITY STATE	ZIP CODE
Title or Position asst. treasurer		242
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc.	ds accounts, rents
Banks or Other safety deposit bo Name of Bank, I	oxes or maintains funds.	ds accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. Chase Bank 12489 N Meridian St	ds accounts, rents
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. Chase Bank 12489 N Meridian St	ds accounts, rents
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. Chase Bank 12489 N Meridian St	ds accounts, rents
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. Chase Bank 12489 N Meridian St	zip code
safety deposit bo Name of Bank, I	Chase Bank 12489 N Meridian St Carmel Carmel CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Chase Bank 12489 N Meridian St Carmel Carmel CITY STATE	ZIP CODE
Name of Bank, I	Chase Bank 12489 N Meridian St Carmel CITY STATE Depository, etc.	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Chase Bank 12489 N Meridian St Carmel CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Chase Bank 12489 N Meridian St Carmel CITY STATE Depository, etc.	ZIP CODE