

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

Association of Nutrition & Foodservice Professionals Political Action Committee/ANFP PAC

ADDRESS (number and street) PO Box 3610
 (Check if address is changed)
St. Charles IL 60174-2165
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) jkarson@ANFPonline.org
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.anfponline.org

2. DATE 10 / 25 / 2021

3. FEC IDENTIFICATION NUMBER C C00446393

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 Karson, Jennifer, A, Mrs.,

Signature of Treasurer Karson, Jennifer, A, Mrs., [Electronically Filed] Date 10 / 25 / 2021

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.

5. TYPE OF COMMITTEE

Candidate 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 Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Association of Nutrition & Foodservice Professionals Political Action Committee/ANFP PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Association of Nutrition & Foodservice Professionals/ANFP

Mailing Address 406 Surrey Woods Drive

St Charles IL 60174-2386 CITY STATE ZIP CODE

Relationship: [x] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

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 Karson, Jennifer, A, Mrs.,

Mailing Address PO Box 3610

St. Charles IL 60174-2165 CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 630 587 6336

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 Karson, Jennifer, A, Mrs.,

Mailing Address PO Box 3610

St. Charles IL 60174-2165 CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 630 587 6336

Full Name of Designated Agent Church, Katherine, , ,
Mailing Address 406 Surrey Woods Drive
St Charles IL 60174-2386
CITY STATE ZIP CODE
Title or Position Assistant Treasurer Telephone number 630 587 6336

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.

Fifth Third Bank

Mailing Address 6111 N River Road
Rosemont IL 60018
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1. [] FEC ID number C []
2. [] FEC ID number C []
3. [] FEC ID number C []
4. [] FEC ID number C []

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[]
[]

Mailing Address []
[]

Relationship: [] CITY [] STATE [] ZIP CODE

[] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Karson, Jennifer, A, Mrs.,
Full Name []

PO Box 3610
Mailing Address []

St. Charles IL 60174-2165
[] [] [] - []

Treasurer CITY STATE ZIP CODE
Telephone Number 630 587 6336

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. []

Mailing Address []
[]

[] CITY STATE ZIP CODE