

500 E Travelers Trail, Suite 600 Burnsville, MN 55337 952.233.0333 mncorn.org

April 26, 2023

Federal Election Commission 1050 First Street NE Washington, DC 20463

Dear Sir/Madam,

Enclosed please find for filing an FEC Form 1 (Statement of Organization) for Committee #C00416982. Please note that is Amended Statement of Organization updates the physical address of the Committee, treasurer, custodian of records, and bank information for the Minnesota Corn Growers Association federal political action committee.

Please contact me if you have any questions.

Sincerely,

Amanda Bilek

Treasurer

**Minnesota Corn Growers Association Federal PAC** 

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**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

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			7117 Office Use Only				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
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LPAG							
ADDRESS (number and street) 500 E TRAVELERS TRAIL # 1600							
(Check if address is changed)							
	BURNSIVIL	448	MW 1553371-LIII				
	CITY ▲		STATE ▲ ZIP CODE ▲				
COMMITTEE'S E-MAIL ADDRE	SS						
(Check if address is changed) IABILEK RIMNGORN ORG							
	Optional Second E-Mail	Address					
COMMITTEE'S WEB PAGE ADD	DRESS (URL)						
☐ ◀ (Check if address is changed)							
2. DATE 04 19 2023							
3. FEC IDENTIFICATION NUMBER ► COO416982							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	is Statement and to the b	est of my knowledge and belief it	is true, correct and complete.				
Amanda Rilak							
Type or Print Name of Treasurer TIMANA BIRE							
Signature of Treasurer Date Du Date Date Du Date Du Da							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530	FFL. FLJBIVI I				

Local 202-694-1100

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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 c information below.)							
Name of Candidate							
Candidate Office Sought: House	Senate President State District						
(c) This committee supports/opposes only one candidate, and is NOT ar	authorized committee.						
Name of Candidate							
Party Committee:	(Danasatia						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party						
Political Action Committee (DAC)							
Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization)	ganization on line 6.) Its connected organization is a						
(e) This committee is a separate segregated fund. (Identity connected by	gariization on line 0.7 its connected organization is a						
Corporation Corporation w/o Capit	tal 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, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party						
In addition, this committee is a Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sp	consor on line 6.)						
(g) This committee is an independent expenditure-only political committee	e (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
(h) This committee is a political committee with both contribution and nor	n-contribution accounts (Hybrid PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
Joint Fundraising Representative:							
(i) This committee collects contributions, pays fundraising-expenses and committees/organizations, at least one of which is an authorized com-	·						
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee of	•						
Committees Participating in Joint Fundraiser							
1.	C						
2.	C						

! 	FEC Form 1 (Revised	<b>03/2022</b> )	er i	Page <b>3</b>
<u></u>	Vrite or Type Committee Nam	е		
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
		<del>           </del>		
	Mailing Address	<u> </u>		
			<u> </u>	<u> </u>
		CITY A	STATE A	ZIP CODE ▲
	Relationship: Connecte	d Organization Affiliated Organization		_
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number op	tional) and position of the pers	on in possession of committee
	Full Name [AMA]	MOA BILEK		
	Mailing Address	ISOO E TRAVELE	RS TRAIL	#1600 · · · · · · · ·
			<u>                                     </u>	 
		BURNSIVILLE	ind Ind	192337-1
		ČITY ·▲	STATE A	ZIP CODE ▲
	Title or Position ▼			2 ~ ~
	ISR PUBLIC	1 Paticy DIA	Telephone number	7,521-14,601-13,604
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	the treasurer of the committe	e; and the name and address of
	Full Name of Treasurer	NDA BILEKIIII	· 	
	Mailing Address	1500 E TRAVELE	RS TRAIL A	#16010111111111111111111111111111111111
	٠.		<u> </u>	<u> </u>
		BURNSMILLE	IMA	553371-
	Title or Deades —	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼  S. P. P. D. B. L.C.	+ 199411C1Y1 1D 11R	Table 10	3521-14,601-13694
	MA IINBAIL	THANKIN THIN	Telephone number	INDET - MANI-12001

CITY A

STATE A

ZIP CODE ▲

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2025-05-03-05-00442147

Mailing Address

500 E. Travelers Trail, Suite 600 Burnsville, MN 55337 952,233,0333

mncom.org

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Washinstan, DC 26463

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Received from Senate Public Records Office	Date of Receipt				
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Other (Specify):	ceipt or Postmarked				
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PREPARER (3/2015)	DATE PREPARED				