

**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

Al-Corn Clean Fuel PAC

ADDRESS (number and street)

797 5th Street



(Check if address is changed)

Claremont

CITY ▲

MN

STATE ▲

55924

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

THarwood@al-corn.com

Optional Second E-Mail Address
amy@brs-dc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

al-corn.com

2. DATE

MM / DD / YYYY
04 / 25 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00835736

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 Harwood, Thomas, , Mr.,

Signature of Treasurer Harwood, Thomas, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2023

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

C

Write or Type Committee Name

Al-Corn Clean Fuel PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Al-Corn Clean Fuel

Mailing Address

797 5th Street

Claremont

MN

55924

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☒ Connected Organization ☐ Affiliated Organization ☐ 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

Mathis, Amy, H, Ms.,

Mailing Address

5263 Pocosin Ln

Alexandria

VA

22304

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Manager

Telephone number

703

401

2782

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

Harwood, Thomas, , Mr.,

Mailing Address

797 5th Street

Claremont

MN

55924

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

507

681

7100

Full Name of
Designated
Agent

Miller, Chad, , ,

Mailing Address

797 5th Street

Claremont

MN

55924

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

507

681

7100

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.

Chain Bridge Bank

Mailing Address

1445 A Laughlin Avenue

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲