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STATEMENT OF

FORM 1		ORGAN	IZATIC	N				Office I	Jse Only		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, t the lines.	type	12FE	4M5				
OHIO COF	RN AN	D WHEAT G	ROWE	ERS AS	SOC	IATI	ON	PA	C		
ADDRESS (number a	nd street)	59 GREIF PARKWAY S	SUITE 101								
(Check if ac is changed)		DELAWARE				ОН	4	13015			
			CITY			STATE			ZIP CO	DE	
COMMITTEE'S E-MA		SS (Please provide only o		ress)						1 1	
is change	d)										
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)									
(Check if is change					1 1 1						
2. DATE 09		2011									
3. FEC IDENTIFIC	CATION NU	IMBER C	C0049423	,							
4. IS THIS STATE!	MENT X	NEW (N) OF	₹ 📗	AMENDE	O (A)						
I certify that I have e	examined th	is Statement and to the	best of my k	nowledge and	belief it is	s true, c	orrect a	and coi	mplete.		
Type or Print Name	of Treasurer	Tadd Nicholson									
Signature of Treasure	Tadd Ni er	cholson		[Electronically I	Filed]	Date	1 <u>0</u>	/ D	14	20	
NOTE: Submission of		ous, or incomplete informa		•				he pena	alties of 2	U.S.C.	§437g.
Office Use Only				For further infor Federal Election (Toll Free 800-424 Local 202-694-11	Commission -9530				C FOF		

ſ	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Con information below.)	mplete the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee: (National, State	(Domocratic
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X 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 scommittee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name			<u> </u>
OHIO CORN A	ND WHEAT GROWE	RS ASSOCIAT	ION PAC
6. Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative,	or Leadership PAC Sponsor
Ohio Corn & Wheat G	owers Association		
Mailing Address	59 Greif Parkway Suite 101		
· ·			
	Delaware	OH	43015
	CITY	STATE	ZIP CODE
7. Custodian of Records: Ider books and records.	tify by name, address (phone number o	ptional) and position of the po	erson in possession of committee
Tadd Nich	blson		
Full Name	59 Greif Parkway Suite 101		
Mailing Address			
	Delaware	ОН	43015
Title or Position	CITY	STATE	ZIP CODE
Interim Ex Director		Telephone number 7	740 - 201 - 8088
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the ssistant treasurer).	e treasurer of the committee;	and the name and address of
Full Name Tadd Nicho of Treasurer	olson		
	IFO Croif Dorlaway Cuita 101		

59 Greif Parkway Suite 101 Mailing Address 43015 ОН Delaware STATE ZIP CODE CITY Title or Position Treasurer 201 740 8088 Telephone number

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Full Name of	Fred Yoder		
Designated Agent			
Mailing Address	L	7050 Butler Ave	
	ı		
	L	Plain City OH 143	3064
Title or Decition		CITY STATE	ZIP CODE
Title or Position Assistant Treas	urer	614 Telephone number	_ 873 _ 4510
		Telephone number	
safety deposit be Name of Bank,	Depository, etc	i.	
safety deposit be	Depository, etc	State Bank 30 Coal Bend	3015
safety deposit be Name of Bank,	Depository, etc	Delaware	
safety deposit be Name of Bank,	The Ohio	Delaware CITY STATE	3015
safety deposit be Name of Bank, Mailing Address	The Ohio	Delaware CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc	Delaware CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc	Delaware CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc	Delaware CITY STATE	

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This SSF is no longer affiliated with the Ohio Corn Grower's Association/Ohio Soybean Association PAC or the Ohio Soybean Association PAC.

Form/Schedule: Transaction ID: