2023-04-17-03-00440625

FEC FORM 1

STATEMENT OF ORGANIZATION

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			Office Use Only > 00
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
C _I O ₁ L ₁ O ₁ R _I A ₁ D ₁ O ₁ C ₁ C	O _I R _I N _{I I} G _I R _I O _I W _I E _I R _I	S	I O N P A C
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COMMITTEE'S E-MAIL ADDRE	ss		
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	Optional Second E-Mail Add	iress	
	j jc jujrjej@cjujrj	ellalwi.jcjolmi j j	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		
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2. DATE 0.3 2.	3 2 0 2 3		
3. FEC IDENTIFICATION NU	JMBER ▶ C 0	0 5 4 1 9 1 2	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	BRUCE UNRUH		
Signature of Treasurer	June Onu	4	Date 0 3 2 3 2 0 2 3
NOTE: Submission of false, errone		may subject the person signing th	is Statement to the penalties of 52 U.S.C. §30109.
Office Use		For further information col Federal Election Commission	PEL EURIN I

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.

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(j)

Committees Participating in Joint Fundraiser

FEC Form 1 (Revised 03/2022)

TYPE OF COMMITTEE: Candidate Committee:

Title or Position ▼

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	FEC Form 1 (Revised 0	03/2022)	Page 3
	Vrite or Type Committee Name		
C	olorado Corn Growers Ass	sociation PAC	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	[C ₁ O ₁ L ₁ O ₁ R ₁ A ₁ D ₁ O ₁ 10	C_I O_I R_I N	
	Mailing Address	P ₁ O ₁ B ₁ O ₁ X ₁ 3 ₁ 4 ₁ 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1	
			807-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship. Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
	_		-
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name B ₁ R ₁ U ₁ C	C _I E _{I I} U _I N _I R _I U _I H _{I I I I I I I I I I I I I I I I I I I}	
	Mailing Address	5 ₁ 0 ₁ 5 ₁ 2 ₁ 2 ₁ C ₁ R ₁ T	

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).

CITY A

B₁U₁R₁L₁I₁N₁G₁T₁O₁N₁

Full Name of Treasurer	B _I R _I U _I C _I E	ı JUJN	R_1U_1H	<u> </u>	1 1	1	 1 1	1	ı	ı	1	i	ı	L	1	_1_	_1_	1	1	1	1	1	ı		11
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Title or Position ■	7																								

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STATE ▲

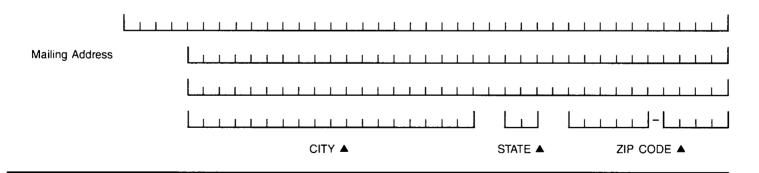
Telephone number

8 0 8 0 7 -

ZIP CODE ▲

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Name of Bank, Depository, etc.



to Corn Growsers Masce. PAG x 340 myten, CO 80807.



Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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