PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) CropLife America POLITICAL ACTION COMMITTEE 1156 15TH STREET NW SUITE 400 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20005-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS novak@croplifeamerica.org (Check if address is changed) Optional Second E-Mail Address ilamb@croplifeamerica.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2018 C00248849 FEC IDENTIFICATION NUMBER 3. X 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. Novak, Christopher, , , Type or Print Name of Treasurer Novak, Christopher, , , [Electronically Filed] 12 2018 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

FEC Fo	rm 1 (Revised 02/2009)	Page 2			
	COMMITTEE 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. (Cominformation below.)	plete the candidate			
Name of Candidate					
Candidate Party Affiliat	on Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Cor	ty Committee:				
(d)		(Democratic, Republican, etc.) Party.			
Political A	ction Committee (PAC):				
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)				
Joint Fund	Iraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Com	Committees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4					

	_		
l	FEC Form 1 (Revised	02/2009)	Page 3
V	Vrite or Type Committee Nan		
(CropLife Amer	ica POLITICAL ACTION COMMITTEE	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
С	roplife America		
L			
	Mailing Address	STE 400	
	Ü		
		Washington DC 20005-	
		CITY STATE	ZIP CODE
	Relationship: x Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in pos	session of committee
	books and records.		
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	
3.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nat assistant treasurer).	me and address of
	Full Name Novak, C of Treasurer	hristopher, , ,	
	Mailing Address	1156 15th St NW	
		Washington	
	Title or Decition	CITY STATE	ZIP CODE
	Title or Position Treasurer		296 - 1585

FEC Form	1 (Revised 02/2009)	Page 4		
Full Name of Designated Agent	signated Novak, Christopher, , ,			
Mailing Address	1156 15th St NW			
	Washington DC 20005-1702 CITY STATE ZIF	t - L - CODE		
Title or Position Treasurer		5 1585		
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. Wells Fargo NA				
Mailing Address	1510 K Street NW			
	Washington DC 20005			
	CITY STATE ZII	P CODE		
Name of Bank, Depository, etc.				
Mailing Address				
	CITY STATE ZII	P CODE		