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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) Snake River Sugar Company Political Action Committee 1951 SOUTH SATURN WAY ADDRESS (number and street) **BOISE** (Check if address is changed) SUITE 100 83709 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jessanderson@amalsugar.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00326389 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. Anderson, Jessica, , , Type or Print Name of Treasurer Anderson, Jessica, , , [Electronically Filed] 2019 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	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.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Domocratic
(d)	This committee is a or subordinate) committee of the	(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 co	nnected organization is
	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 s committee. (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 t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.		

_		_
[5. 3
FEC Form 1 (Revis		Page 3
Write or Type Committee N		_
Snake River	Sugar Company Political Action Com	nmittee
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
The Amalgamated	Sugar Company LLC Political Action Committee	
Mailing Address	1951 SOUTH SATURN WAY	
maining / laar see	SUITE 100	
	BOISE	83709
	CITY	710 0005
	CITY STAT	E ZIP CODE
Relationship: Conne	ected Organization 🗶 Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
books and records.		
Ander Full Name	rson, Jessica, , ,	
Marilian Adalas -	1951 SOUTH SATURN WAY	
Mailing Address	SUITE 100	
		92700
	Boise	83709
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name any designated agent (e.g., any designated agent)	e and address (phone number optional) of the treasurer of the comming., assistant treasurer).	ittee; and the name and address of
	son, Jessica, , ,	
of Treasurer		
Mailing Address	1951 S. Saturn Way	
	Boise,	83709
Title on D. 111	CITY STATE	ZIP CODE
Title or Position , Treasurer	1	_ 208 _ 383 _ 6512

208

Telephone number

383

6512

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Full Name of Designated Ando	erson, Jessica, , ,	
Mailing Address	1951 SOUTH SATURN WAY	
	SUITE 100	
	Boise ID STATE	83709 ZIP CODE
Title or Position PAC Coordinator	Telephone number	208 - 576 - 1928
safety deposit boxes of		its funds, holds accounts, rents
Name of Bank, Deposi	itory, etc.	
.\\/c	NIO Forgo Ponk NIA	
IVVE	ells Fargo Bank, N.A.	
Mailing Address	PO Box 63020	
		94163
	PO Box 63020	94163 ZIP CODE
	PO Box 63020 San Francisco CITY STATE	
Mailing Address	PO Box 63020 San Francisco CITY STATE	
Mailing Address Name of Bank, Deposi	PO Box 63020 San Francisco CITY STATE itory, etc.	
Mailing Address	PO Box 63020 San Francisco CITY STATE itory, etc.	
Mailing Address Name of Bank, Deposi	PO Box 63020 San Francisco CITY STATE itory, etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amendment submitted in response to FEC-RAD20199311421834

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Snake River Suga	r Company		
Mailing Address	1951 SOUTH SATURN WAY		
. J	SUITE 100		
	BOISE	ID	83709
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected Agent: Identify		t Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name _ _ _		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name _ _ _	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or material depository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A