NOTE: DE CAR CONTRACTOR

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED TER

2019 JAN 29 AM. 9: 54

			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Nutrien Ag _i Solutions Employe	e Citizenship Fund Political	Action Committee ("Nytrien Cit	zenship Fund PAC")
ADDRESS (number and street)	3005 Rocky Mountain Av	/€ ·	
(Check if address is changed)			
	CITY A		CQ
COMMITTEE'S E-MAIL ADDRE	ss ·		
(Check If address is changed)	NutrienPAC@nutrien.co	· em	
	Optional Second E-Mail Ad	idress	· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	·	
2. DATE 0 9 2 28	2018		
3. FEC IDENTIFICATION N	JMBER ▶ CCC	00385039	
4. IS THIS STATEMENT		AMENDED (A)	
I certify that I have examined the	nis Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	william McKeithan		
Signature of Treasurer	J. 115m fr	refelip	Date 09 28 2018
NOTE: Submission of false, errone		may subject the person signing t	his Statement to the penalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commissis Toll Free 800-424-9530 Local 202-694-1100	ontact: FEC FORM 1

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
	_	COMMITTEE te Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	• : 1	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete ti information below.)	ne candidate
	ne of didate	<u> </u>	
	didate y Affiliat	tion Sought: House Senate President	ate strict
(c)	energy Control State of the	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ollion Ryamina maj
	e of didate		1 .
Par	ty Cor	mmittee:	
(d)		This committee is a (National, State (Demo	cratic, ican, etc.) Party.
Pol	itical A	Action Committee (PAC):	
(e)	X		organization is a:
		Corporation Corporation w/o Capital Stock Labo	r Organization
		Membership Organization Trade Association Coor	erative
	•	in addition, this committee is a Lobbyist/Registrant PAC.	
(1)	. ;	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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	draising Representative:	
(g)	: :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(h)	4	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ere political
	Com	nmittees Participating in Joint Fundralser	
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	2.		aktionerski forske filosof (filosof) Oga Oblogo obligare objekt en
	3.		e Service Care Service Service Service Service
	4.		de la companya de la La companya de la co
	***		Y.

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Write or Type Committee N	lame	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundralsing Representative,	or Leadership PAC Sponsor
Nutrien Ad Solution	ıs	
Mailing Address	3005 Rocký Mouhtajn Avel	
-		
	Ldve(ant)	[80538] , [-] , , , [
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization · Affiliated Committee · Joint Fundralsing Representa	tive Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number - optional) and position of the pe	erson in possession of committee
Full Name Willia	m McKelthan	
Mailing Address	1530,NC HWY 306 South, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ayroça , , , , , , , , , , , , , , , , , , ,	27,806
Title or Position	CITY STATE	ZIP CODE
Тграқигег	Telephone number 25	2
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer).	and the name and address of
Full Name of Treasurer Willign	m McKejthan , , , , , , , , , , , , , , , , , , ,	
Malling Address		
	1530,NC HWY 306 South, , , , , , , , , , , , , , , , , , ,	
	Ayrora NÇ	27806
Title or Position	CITY STATE 1	ZIP CODE 2
1		

FEC Form	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Mark, Edward, Pasbrig,		
Mailing Address			
	1101,Skokie Boulevard		
	Northbrook CITY	STATE	ZIP CODE
Title or Position	urer Telephone nu	mber 847	8494462
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the commit oxes or maintains funds. Depository, etc.	ttee deposits f	unds, holds accounts, rents
	Bank of America	<u>[_1_ </u>	<u> </u>
Mailing Address	901 Main Street	<u> </u>	
		1 1 1 1 1	
	Dallas	[TX_]	75202
	CITY	STATE	
			ZIP CODE
Name of Bank,	Depository, etc.		ZIP CODE
Name of Bank,	Depository, etc.		ZIP CODE
Name of Bank, Mailing Address	Depository, etc.		

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		_			

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

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Page	 of	

		(3)	
5(a)	or(h). Joint Fundralsin	a Participant:	
6.	1.	FEC ID number C	
Ο.	I		
	Mailing Address		
	Relationship:	CITY A STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee Only Fundralsing Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name	<u> </u>	
	Mailing Address		
	;		
	TITLE OR POSITION	▼ CITY ▲ STATE ▲	ZIP CODE A
		Telephone Number	J-L
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the committee deposits ful intains funds.	nds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Malling Address		
ł		CITY ▲ STATE ▲	ZIP GODE A

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	FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page of
5(g)	or(h). Joint Fundraising Par 1. L.	FEC ID number C	المواد السائد ساست اسالمتان
6.	Name of Any Connected Orga	inization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
	Relationship:	CITY ▲ STATE ▲ panization Affiliated Committee oint Fundraising Representative	ZIP CODE ▲ Leadership PAC Sponsor
8.	Pull Name Mailing Address	name, address (phone number – optional)	
	TITLE OR POSITION ▼	CITY ▲ STATE ▲	ZIP CODE A
9.	Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deposits funds.	unds, holds accounts, rents
•	Mailing Address	CITY ▲ STATE ▲	ZIP CODE A

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Federal Elector Convissor 1050 Firststrut NE Washington, De 20463

1200 New Hampshire Ave. NW | Suite 800 | Washington, DC 20036

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail //12/19	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	B Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER MP	//29/19 DATE PREPARED
(3/2015)	DATE PREPARED