Image# 201607069020343894			_	
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4 ——
			Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	1730 RHODE ISLAND AVE N	IW SUITE 812		
ADDRESS (number and street)				
 (Check if address is changed) 				
				³⁶
	CITY A	· · · · · · · · · · · · · · · · · · ·	STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address	ddavis@cpda.com			I
is changed)				
	Optional Second E-Mail Ad sferenc@cpda.com	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 07	06 / Y Y Y Y 2016			
3. FEC IDENTIFICATION	NUMBER ► C c	00214809		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	t is true, correct and	complete.
Type or Print Name of Treasu	rer Mr Donald Davis			
Signature of Treasurer	Donald Davis	[Electronically Filed]	Date 07	06 / Y Y Y Y 06 2016
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate 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. (Complet information below.)	te the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
	mocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association C	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 segre committee. (i.e., nonconnected committee)	gated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

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Write or Type Committee Name

COUNCIL OF PRODUCERS AND DISTRIBUTORS OF AGROTECHNOLOGY (CPDA-PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address									
	STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor									

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mr Donald	Davis
Full Name	
Mailing Address	1730 Rhode Island Ave NW
	#812
	Washington DC 20036
Title or Position	CITY STATE ZIP CODE
Director, Leg. Affai	Telephone number 202 386 7407

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).

Full Name Mr Donal	Davis	
Mailing Address	1730 Rhode Island Ave NW	
	#812 	
	Washington DC 20036	
	CITY STATE ZIP CODE	
Title or Position Director, Leg. Affai	Telephone number 202 386 7407	

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Full Name of Designated Agent																		1									1			
Mailing Address																														
																							L				_			
	CITY														STA	ΤE				ZII	ΡC	OD	١E							
Title or Position																														
															Tele	eph	one	e ni	umt	ber										

9. 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.

SunTru	ust Bank		
Mailing Address	PO Box 305183		
	Nashville	TN 37203	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	