

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER
2022 JAN 13 PH 2:05

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FAS PAC FAREWAY STORES INC

ADDRESS (number and street)

715 8TH STREET



(Check if address
is changed)

P.O. BOX 70

BOONE

CITY

IA

STATE

50036-0070

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

CGRETEMAN@FAREWAYSTORES.COM

Optional Second E-Mail Address

JMORAN@FAREWAYSTORES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

01 / 06 / 2022

3. FEC IDENTIFICATION NUMBER

C00331686

4. 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.

Type or Print Name of Treasurer

Charles J. Greteman

Signature of Treasurer

Charles J. Greteman

Date

01 / 06 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

** No Changes **

- (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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

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 Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ 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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--------------------------|---------------|--------------------------|
| 1. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |

Write or Type Committee Name

[illegible]**Mailing Address**

* No
Changes *

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

Full Name

Mailing Address

* No Changes *

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name
of Treasurer

Mailing Address

* No Changes *

CITY

STATE

ZIP CODE

Title or Position

Telephone number

Full Name of Designated Agent

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

Title or Position

Telephone number

_____-_____-_____

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.

** No Changes **

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

20110306090109


2300 E. 8th Street • P.O. Box 70
BOONE, IOWA 50036-0070

7020 1810 0000 4890 3355



2022 F4



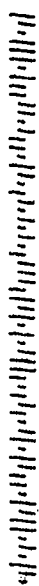
US POSTAGE PAID **007.33**
 **McPITNEY BOWES**
 ZIP 50036 02 7H
 0001355578 JAN 06 2022

RETURN RECEIPT
REQUESTED

Federal Election Commission
1050 First Street, NE
Washington, DC 20463


2022 JAN 13 PM 2:05

NOBOW



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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/6/22
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1/24/22 DATE PREPARED

(3/2015)

2022-01-24 10:40:00 AM