Only

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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) is changed) over the lines. Electric Cooperatives of Mississippi Action Committee for Rural Electrification POST OFFICE BOX 3300 ADDRESS (number and street) (Check if address is changed) Ridgeland 39158 MS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS callahan@ecm.coop (Check if address is changed) Optional Second E-Mail Address purnell@ecm.coop COMMITTEE'S WEB PAGE ADDRESS (URL) www.ecm.coop (Check if address is changed) DATE 2017 C00004952 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. Callahan, Michael, -, Mr., Type or Print Name of Treasurer Callahan, Michael, -, Mr., [Electronically Filed] 06 2023 Signature of Treasurer Date 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 For further information contact: FEC FORM 1

Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete	he candidate information below.)
(b) This committee is an authorized committee, and is NOT a prin information below.)	cipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is N	OT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee	(Democratic, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connect	ted organization on line 6.) Its connected organization is a
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Associati	on Cooperative
In addition, this committee is a Lobbyist/Registrant Programme of the committee is a Lobbyist Programme of the committee is a Lob	AC.
(f) This committee supports/opposes more than one Federal cand committee. (i.e., nonconnected committee)	idate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant Pr	AC.
In addition, this committee is a Leadership PAC. (Ide	ntify sponsor on line 6.)
(g) This committee is an independent expenditure-only political cor	nmittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant Pa	AC.
(h) This committee is a political committee with both contribution a	nd non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant Pa	AC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expense committees/organizations, at least one of which is an authorize	·
(j) This committee collects contributions, pays fundraising expense committees/organizations, none of which is an authorized committee.	·
Committees Participating in Joint Fundraiser	
1.	C
. 1	C

Ex VP/CEO

	<b>550 5 1 1 1 1 1</b>	2/2002	
10	FEC Form 1 (Revised 0)  Vrite or Type Committee Name	2/2009)	Page 3
V	••	tives of Mississippi Action Committee for Burel	Electrification
6.	•	tives of Mississippi Action Committee for Rural ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	
Ο.	Electric Cooperatives		adership PAC Sponsor
	, , , , , , , , , , , , , , , , , , , ,		
	Mailing Address	P.O. Box 3300	
		Ridgeland	158-3300
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Totalionship.	Organization of Anniation Organization out I unuraising hepresentative	Loadolonip i AO opolisc
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in pos	ssession of committee
	Callahan, M	ichael, -, Mr.,	
	Full Name		
	Mailing Address	P.O. Box 3300	
		Ridgeland MS 39	158-3300
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Ex VP/CEO	Telephone number	- 605 - 8600
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
	Full Name Callahan, M	lichael, -, Mr.,	
	of Treasurer		
	Mailing Address	P.O. Box 3300	
		Ridgeland MS 39	158-3300
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

8600

601

Telephone number

605

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		nber	
	<b>Depositories:</b> List all banks or other depositories in which the committeexes or maintains funds.	ee deposits fund	ds, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Bancorp South		1
Mailing Address	525 E. Capitol Street		
	Jackson	MS	39201
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

1.			FEC ID no	ımber (	
1					
2.			FEC ID no		
3.			FEC ID no	ımber (	
4.			FEC ID no	ımber (	
ame of Any Connected	Organization, Affiliated	d Committee, Joint Fu	ndraising Repres	entative.	or Leadership PAC Spor
=	_				ATION (AMERICA'S ELECTRIC
Mailing Address	4301 Wilson Bouleva	rd			
Mailing Address					
	Advantage			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20202
	Arlington			VA	22203
Relationship:		CITY A	S	TATE 🔺	ZIP CODE ▲
esignated Agent: Identify  Full Name	by name, address (ph	one number – optional)			
ruii Name					
Mailing Address					
		CITY A		TE A	ZIP CODE A
Mailing Address					
Mailing Address  TITLE OR POSITION	▼	CITY A	STA	oer L	ZIP CODE A
Mailing Address  TITLE OR POSITION	▼ ies: List all banks or o	CITY A	STA	oer L	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank,	▼ ies: List all banks or o	CITY A	STA	oer L	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank,	▼ ies: List all banks or o	CITY A	STA	oer L	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	▼ ies: List all banks or o	CITY A	STA	oer L	ZIP CODE A

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

h). <b>Joint Fundrais</b>	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
-	ΓΙΟΝ COMMITTEE FOR RURAL ELE	• .	
Mailing Address	10725 AIRLINE HIGHWAY		
	BATON ROUGE	LA LA	70816
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC S
		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident	Affiliated Committee Joint Joint ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or reame of Bank,	ify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or reame of Bank,	ify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraisin</b>	a Participant		
J(g)	1	g Farticipant.	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		1 LO 1D Humber	O
6.		Organization, Affiliated Committee, Joint Fundr		
				1 1 1 1 1 1 1 1 1 1
	Mailing Address	720 NORTH HIGH SCHOOL ROAD		
		INDIANAPOLIS	IN I	46214
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Besterrated Assess Identifi			
	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name	y by name, address (phone number – optional)		
		y by name, address (phone number — optional)		
	Full Name	y by name, address (phone number — optional)		
	Full Name	y by name, address (phone number – optional)		
	Full Name	CITY A		ZIP CODE A
	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION	CITY A  ries: List all banks or other depositories in which	STATE A	
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito	CITY A  ries: List all banks or other depositories in which	STATE A	
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY A  ries: List all banks or other depositories in which	STATE A	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	CITY A  ries: List all banks or other depositories in which	STATE A	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	CITY A  ries: List all banks or other depositories in which	STATE A	

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

5(g) or (h)	. Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	•	Organization, Affiliated Committee, Joint Fundra	• .	e, or Leadership PAC Sponsor
	VIONTANA ACTIC	ON COMMITTEE FOR RURAL ELEC	IRIFICATION	
L				
	Mailing Address	PO BOX 1306		
	Maining Address	(501 BAY DRIVE)		
		GREAT FALLS	, MT ,	, 59403
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Represent	
B. Des	signated Agent: Identify	by name, address (phone number - optional)		
	signated Agent: Identify	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name			
	Full Name   _   _   _    Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name	CITY		
	Full Name   _   _   _    Mailing Address	CITY	STATE A	
—— 9. <b>B</b> ar	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
—— 9. <b>B</b> ar	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9. <b>Bar</b> safe	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9. <b>Bar</b> safe	Full Name  Mailing Address  TITLE OR POSITION  hks or Other Depositor deposit boxes or main me of Bank,	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
D. <b>Bar</b> safe	Full Name  Mailing Address  TITLE OR POSITION  hks or Other Depositor ety deposit boxes or main me of Bank, pository, etc.	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9. <b>Bar</b> safe	Full Name  Mailing Address  TITLE OR POSITION  hks or Other Depositor ety deposit boxes or main me of Bank, pository, etc.	CITY   CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

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1.	1		
. 1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	ed Organization, Affiliated Committee, Joint Fund MMITTEE FOR RURAL ELECTRIFICATION-I		
Mailing Address	P O BOX 608		
	BURLEY	ID	83342
	DURLE I	L ID	05542
	CITY ▲  ted Organization   Affiliated Committee Joi  tify by name, address (phone number – optional)	STATE ▲  nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connection Connectica Connection Connection Connection Connection Connection Connectica Connection	ted Organization X Affiliated Committee Joi		
Connect  Designated Agent: Ident	ted Organization X Affiliated Committee Joi		
Connection Connectica Connection	ted Organization X Affiliated Committee Joi		
Connection Connectica Connection	ted Organization  Affiliated Committee Joi  Joi  tify by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connection Connectica Connection	Affiliated Committee Joi Joi tify by name, address (phone number – optional)		

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

h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fundr		
Mailing Address	PO BOX 54309		
	OKLAHOMA CITY	OK _	73154
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrai		e, or Leadership PAC Sponsor
OHIO ACTION C	OMMITTEE FOR RURAL ELECTRIFIC	JATION L.I.I.I.I.I.I.I.I.I.I.I	
Mailing Address	6677 BUSCH BOULEVARD		
Walling Address	P O BOX 26036		
	COLUMBUS	OH	43226
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Spons
Designated Agent: Identif	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE ▲	
Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE ▲	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE ▲	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank,	CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE ▲	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE ▲	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	CITY   CITY   Tele  pries: List all banks or other depositories in which the	STATE ▲	

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

h). <b>Joint Fundraisi</b>		FEC ID number	C
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	
4.		rec ib number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
BASIN ELECTRIC	POWER COOPERATIVE POLITICAL ACTI	ON COMMITTEE	(BASIN ELECTRIC PAC
<u> </u>			
	4747 FAOT INTEROTATE ANGAUGE		
Mailing Address	1717 EAST INTERSTATE AVENUE		
	BISMARCK	ND ND	58501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

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

BERKELEY ELECTR	onization, Affiliated Committee, Joint Fundral IC COOPERATIVE INC EMPLOY  O BOX 1234  CITY A  anization Affiliated Committee Joint  name, address (phone number – optional)		29461 ZIP CODE <b>A</b>
3. 4. 4. Any Connected Organ BERKELEY ELECTR  Mailing Address  Relationship:  Connected Organ	O BOX 1234  O BOX 1234  CITY A  Affiliated Committee  Joint	FEC ID number  ising Representative FEE PAC	e, or Leadership PAC Spon
ame of Any Connected Orga BERKELEY ELECTR  Mailing Address  Relationship:  Connected Org  esignated Agent: Identify by  Full Name  Mailing Address	O BOX 1234  O BOX 1234  CITY A  Affiliated Committee  Joint	FEC ID number  ising Representative FEE PAC	e, or Leadership PAC Spon
ame of Any Connected Organ BERKELEY ELECTR  Mailing Address  Relationship:  Connected Organ Co	O BOX 1234  O BOX 1234  CITY A  Affiliated Committee  Joint	ising Representative TEE PAC	29461 ZIP CODE A
BERKELEY ELECTR    Mailing Address   F   Relationship:   Connected Org   Esignated Agent: Identify by   Full Name               Mailing Address	O BOX 1234  O BOX 1234  CITY A  Affiliated Committee  Joint	STATE A	29461 ZIP CODE <b>A</b>
Mailing Address  Relationship: Connected Org  esignated Agent: Identify by  Full Name Mailing Address	O BOX 1234  NONCKS CORNER  CITY   anization   Affiliated Committee   Joint	SC STATE A	ZIP CODE A
Relationship:  Connected Org  esignated Agent: Identify by  Full Name  Mailing Address	IONCKS CORNER  CITY   anization   Affiliated Committee Joint	STATE A	ZIP CODE A
Relationship:  Connected Org  esignated Agent: Identify by  Full Name  Mailing Address	IONCKS CORNER  CITY   anization   Affiliated Committee Joint	STATE A	ZIP CODE A
Relationship:  Connected Org  esignated Agent: Identify by  Full Name  Mailing Address	IONCKS CORNER  CITY   anization   Affiliated Committee Joint	STATE A	ZIP CODE A
Relationship:  Connected Orgesignated Agent: Identify by Full Name  Mailing Address	CITY A anization Affiliated Committee Joint	STATE A	ZIP CODE A
Relationship:  Connected Orgesignated Agent: Identify by Full Name  Mailing Address	CITY A anization Affiliated Committee Joint	STATE A	ZIP CODE A
Connected Org  esignated Agent: Identify by  Full Name  Mailing Address	Affiliated Committee Joint		
esignated Agent: Identify by Full Name  Mailing Address		Fundraising Represent	Leadership PAC Sp
Full Name	name, address (phone number – optional)		
L			
TITLE OR POSITION ▼			
	CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	ephone Number	
anks or Other Depositories: afety deposit boxes or maintain	List all banks or other depositories in which t as funds.	ne committee deposit	ts funds, holds accounts, ren
ame of Bank, epository, etc.			
Mailing Address			
-			

FEC Form 1S (Revised 02/2017)

CITY A  des: List all banks or other depositories intains funds.	STAT Telephone Numb in which the committee	er	ZIP CODE   ZIP CODE   nolds accounts, rents
les: List all banks or other depositories	Telephone Numb	er	
les: List all banks or other depositories	Telephone Numb	er	
les: List all banks or other depositories	Telephone Numb	er	
les: List all banks or other depositories	Telephone Numb	er	
<b>V</b>	Telephone Numb	er	
CITY A			ZIP CODE A
CITY A	STAT	E A	ZIP CODE A
by name, address (phone number – op	otional)		
Organization X Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Spo
CITY ▲	ST	ATE A	ZIP CODE ▲
AIKEN		SC   298	02
PO BOX 417			
2790 WAGENER ROAD			
	int Fundraising Represe	entative, or Lead	dership PAC Sponso
	PO BOX 417  AIKEN  CITY   Affiliated Committee, Jo  COOPERATIVE INC PAC  2790 WAGENER ROAD  CITY   Affiliated Committee	FEC ID nui	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead COOPERATIVE INC PAC  2790 WAGENER ROAD  PO BOX 417  AIKEN  SC  2986  CITY ▲  STATE ▲  Organization  Affiliated Committee  Joint Fundraising Representative

FEC Form 1S (Revised 02/2017)

	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spor
SPEAK UP FOR	RURAL ELECTRIFICATION (SURE	<b>)</b>	
Mariliana Adalaha	P.O.BOX 32170		
Mailing Address			
	LOUISMULE	100	40323
5.1.11	LOUISVILLE	KY KY	40232
Relationship:	CITY ▲  d Organization   Affiliated Committee Join	STATE ▲	ZIP CODE ▲
	y by name, address (phone number - optional)		
esignated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name   Mailing Address	CITY A		
Full Name Mailing Address  TITLE OR POSITION	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes.	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes.	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depositions are of Bank, epository, etc.	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor detay deposit boxes or material deposit boxes or material depository, etc.	CITY A  ries: List all banks or other depositories in which	STATE ▲  Telephone Number	ZIP CODE A

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o(g)	or(h). <b>Joint Fundraisin</b>	g Participant:	FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai FOR RURAL ELECTRIFICATION/MISSOURI	COOPERATIVES (	
		JEFFERSON CITY	MO	65101
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		ZIP CODE A
3.	Full Name      Mailing Address  TITLE OR POSITION	CITY   Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY   Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY   Tele  Ties: List all banks or other depositories in which the	STATE A	
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY   Tele  Ties: List all banks or other depositories in which the	STATE A	

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

h). <b>Joint Fundraisi</b>	ng randopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spor
=	N COMMITTEE FOR RURAL ELECT		, <u></u>
Mailing Address	509 EAST CARTHAGE		
	PO BOX 790		
	MEADE	KS	67864
Relationship:	CITY ▲	STATE A	ZIP CODE A
•	•··· <b>–</b>	0	3322 _
	Affiliated Committee Join Join by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	l Organization, Affiliated Committee, Joint Fundr	raising Panyasantativ	o or Londorphin DAC Spon
=	AL ELECTRIC ASSOCIATION PAC	aising nepresentativ	e, or Leadership PAC Spon
Mailing Address	2312 CAREY AVENUE		
	CHEYENNE	, ,   WY	82001
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sr
Connecte		Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee Joint of the Joint of t	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint of the property of		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint of the property of	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite	Affiliated Committee Joint  To Spries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee Joint  To Spries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Joint  To Spries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  To Spries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint  To Spries: List all banks or other depositories in which	STATE A	ZIP CODE A

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or(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Sponsor
GREAT RIVER E	NERGY ACTION TEAM		
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jo	pint Fundraising Represent	ative Leadership PAC Spon
Full Name			
Mailing Address			
	1		1
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Denosite	ries: List all banks or other depositories in whi	ch the committee denosit	s funds holds accounts rente
safety deposit boxes or ma	aintains funds.		
Name of Bank, Depository, etc.			
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲