PAGE 1 / 22

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 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 A 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) (Check if address is changed) DATE 01 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] 10 10 2017 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:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offig			Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COI		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comn	nittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political Act	ion Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (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 Fundra	aising Representative:	
_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
ш,	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 the committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Comm	ittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

Γ			
FEC Form 1 (Revise	d 02/2009)		Page 3
Write or Type Committee Na	me		
Electric Coopera	atives of Mississippi Act	tion Committee fo	r Rural Electrification
6. Name of Any Connected	d Organization, Affiliated Committee, Jo	oint Fundraising Representativ	ve, or Leadership PAC Sponsor
Electric Power Associ	ciations of MS		
Mailing Address	P.O. Box 3300		
	Ridgeland	MS	39158-3300
	CITY	STATE	ZIP CODE
		П	
Relationship: X Connec	ted Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number	optional) and position of the	person in possession of committee
Callaha Full Name	n, Michael, -, Mr.,		
	P.O. Box 3300		
Mailing Address			
	Didneland	Me	,39158-3300
	Ridgeland	MS	33130-3300
Title or Position	CITY	STATE	ZIP CODE
Ex VP/CEO		Telephone number	601 - 605 - 8600
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) (of the treasurer of the committee	ee; and the name and address of
Full Name Callahar of Treasurer	n, Michael, -, Mr.,		
Mailing Address	P.O. Box 3300		
	Ridgeland	MS	39158-3300
T01 - 5 - 01	CITY	STATE	ZIP CODE
Title or Position Ex VP/CEO		Telephone number	601 605 8600

I LO I OII	m 1 (Revised 02/2009)	Page 4
		<u> </u>
Full Name of Designated Agent	1	1 1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, he	olds accounts, rents
safety deposit bo Name of Bank, [oxes or maintains funds.	
safety deposit bo	oxes or maintains funds. Depository, etc. Bancorp	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Bancorp	
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safety deposit bo Name of Bank, [Mailing Address Name of Bank, [oxes or maintains funds. Depository, etc. Bancorp Jackson CITY STATE Depository, etc.	1 ZIP CODE

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi r	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
=	Organization, Affiliated Committee, Joint Fund FOR RURAL ELECTRIFICATION (ACRE)		
Mailing Address	4301 Wilson Boulevard		
	Arlington	VA L	22203
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
Mailing Address	1		
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	<u> </u>	Telephone Number	
_			
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	n the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	=	Organization, Affiliated Committee, Joint Fundrais	= -	e, or Leadership PAC Sponsor
	Mailing Address	10725 AIRLINE HIGHWAY		
		BATON ROUGE	LA LA	70816
1	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Joint F	undraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number – optional)		
Ma	ailing Address			
Т	TITLE OR POSITION \	CITY A	STATE ▲	ZIP CODE ▲
L		Tele	ephone Number	
safety Name	s or Other Depositorion deposit boxes or main of Bank, sitory, etc.	es: List all banks or other depositories in which the ntains funds.	e committee deposit	s funds, holds accounts, rents
	Mailing Address	1		
	Mailing Address	1		
		1		
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FEC Form 1S (Revised 02/2017)

Banks or Other Depositors of Bank, Depository, etc. Mailing Address						
Name of Bank, Depository, etc.						
Name of Bank, Depository, etc.						
safety deposit boxes or m						
	ries: List all banks	or other depositories in v	which the commi	ttee deposit	s funds, h	olds accounts, rents
			Telephone N	umber		
TITLE OR POSITION	I ▼	CITY A		STATE A		ZIP CODE ▲
			<u> </u>		1	
Mailing Address						
Full Name	1					
Designated Agent: Identif	y by name, address	s (phone number – option	al)			
X Connecte	ed Organization	Affiliated Committee	Joint Fundraising	g Represent	ative	Leadership PAC Spo
Relationship:		CITY ▲	1	STATE ▲		ZIP CODE ▲
	INDIANAPOLIS			LIN L	4621	
Mailing Address	720 NORTH HIG	SH SCHOOL ROAD				
Name of Any Connected INDIANA ACRE/I	_	liated Committee, Joint ΓEWIDE ASSN OF				-
4.			FEC IL	number	C	
0.				number number	C	
3.) number	C	
2) number	C	

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

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Spon
MONTANA ACTI	ON COMMITTEE FOR RURAL ELEC	JIRIFICATION	
Marilia a Aulalaa aa	PO BOX 1306		
Mailing Address	(501 BAY DRIVE)		
	GREAT FALLS	MT	59403
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fun		
Mailing Address	P O BOX 608		
	BURLEY	, ID	83342
D.1.11.			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jofy by name, address (phone number – optional)	oint Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Representa	Leadership PAC Spo
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Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
		FEC ID number	С
4			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
S DAK ACTION	COMMITTEE FOR RURAL ELECTR	IFICATION	
Mailing Address	P O BOX 1138		
	222 W PLEASANT DRIVE		
	PIERRE	SD	57501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join Ty by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC S
		nt Fundraising Represent	Leadership PAC S
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esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraising				umba:	C
1.			FEC ID n		
2.			FEC ID n	umber	С
3			FEC ID n	umber	C
4.			FEC ID n	umber	С
	=				, or Leadership PAC Spo
OKLAHOMA ASSN OF	ELECTRIC COOPE	RATIVES ACTION (COMMITTEE FO	DR RURA	AL ELECTRIFICATION
	PO BOX 54309				
Mailing Address					
	OKLAHOMA CITY			OK	73154
Relationship:		CITY A		STATE A	ZIP CODE ▲
x Connected	Organization Affilia	ated Committee	Joint Fundraising R	lepresentat	Leadership PAC
				depresentat	Leadership PAC
Connected esignated Agent: Identify				depresentat	Leadership PAC
Connected esignated Agent: Identify Full Name				depresentat	Leadership PAC
Connected esignated Agent: Identify Full Name	by name, address (pho	one number – optional		depresentat	
Connected esignated Agent: Identify Full Name	by name, address (pho	one number – optional		Representation of the second o	Leadership PAC :
esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – optional		ATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (pho	one number – optional	ST. Telephone Num	ATE A	
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
7-			
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
N C ASSOCIATIO	ON OF ELECTRIC COOPERATIVES RU	RAL ELECTRIC	ACTION PROGRAM
Mailing Address	P. O. Box 26566		
	Raleigh	, NC	27611
Relationship:	CITY ▲	STATE A	ZIP CODE A
·			_
	ed Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mainly and the control of the con	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

ted Organization, Affi S OF RURAL E 8525 Douglas A Urbandale ected Organization	LECTRIFICATION OF THE PROPERTY	F F oint Fundraisin	-	C C C e, or Leadership PAC Spons
8525 Douglas A Urbandale Urbandale	Ave. Ste. 48 CITY	oint Fundraisin	EC ID number EC ID number IG Representative PAC	C C e, or Leadership PAC Spons
8525 Douglas A Urbandale Urbandale	Ave. Ste. 48 CITY	oint Fundraisin	g Representative	e, or Leadership PAC Spons
8525 Douglas A Urbandale Urbandale	Ave. Ste. 48 CITY	oint Fundraisin	g Representative	e, or Leadership PAC Spons
8525 Douglas A Urbandale Urbandale	Ave. Ste. 48 CITY		PAC	
Urbandale Urbandale	CITY A			50322
Urbandale Urbandale	CITY A			50322
ected Organization	1			50322
ected Organization	1			50322
	1		STATE A	
	Affiliated Committee		SIAIL	ZIP CODE ▲
	CITY A		STATE A	ZIP CODE A
ON ▼				
		Telepho	one Number	
	Desitories: List all banks or maintains funds.	psitories: List all banks or other depositorie	Telephonic	Telephone Number psitories: List all banks or other depositories in which the committee deposit

FEC Form 1S (Revised 02/2017)

1			
		FEC ID number	C
1		FEC ID number	C
3		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	• .	e, or Leadership PAC Sponso
Mailing Address	6677 BUSCH BOULEVARD		
	P O BOX 26036		
	COLUMBUS	ОН	43226
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connecte	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif		Fundraising Representa	ative Leadership PAC Spor
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FEC Form 1S (Revised 02/2017)

(h). Joint Fundrais i	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr VOCATES FOR RURAL ELECTRIFIC		e, or Leadership PAC Sponso
COLONADO AD	VOCATES FOR RONAL ELECTRIFIC		
Mailing Address	5400 WASHINGTON ST		
	DENVER	, , , , CO ,	80216
			ZIP CODE ▲
		STATE ▲ Fundraising Representa	
Connect			
X Connect	ed Organization Affiliated Committee Joint		
Connected Agent: Identification Full Name	ed Organization Affiliated Committee Joint		
Connected Agent: Identification Full Name	ed Organization Affiliated Committee Joint		
Pesignated Agent: Identification Full Name Mailing Address	ed Organization Affiliated Committee Joint lify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint ify by name, address (phone number – optional) CITY	Fundraising Representa	Leadership PAC Spor

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected C	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
BASIN ELECTRIC PO	OWER COOPERATIVE POLITICAL ACTI	ION COMMITTEE	BASIN ELECTRIC PAC
1			
Mailing Address	1717 EAST INTERSTATE AVENUE		
	BISMARCK	, , , ND ,	58501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
x Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO	CITY A CITY A es: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO	CITY A CITY A es: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorial deposit boxes or main arms of Bank,	CITY A CITY A es: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorial deposit boxes or main arms of Bank,	CITY A CITY A es: List all banks or other depositories in which	STATE ▲	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spor
BERKELEY ELE	CTRIC COOPERATIVE INC EMPLO	YEE PAC	
Mailing Address	PO BOX 1234		
	MONCKS CORNER	SC	29461
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
x Connect	ed Organization	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident	fy by name, address (phone number – optional)		Location P 176 C
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY A		
Full Name	CITY A		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit aftery deposit boxes or name of Bank,	CITY ▲ CITY ▲ Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

5(g) (or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	2790 WAGENER ROAD		
		PO BOX 417		
		AIKEN	SC SC	29802
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

FEC Form 1S (Revised 02/2017)

	ng 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 Funda RURAL ELECTRIFICATION (SURE)	• .	e, or Leadership PAC Sponsor
OI LARCOL LOIC			
Mailing Address	P.O.BOX 32170		
	LOUISVILLE	KY	40232
Relationship:	CITY A	STATE A	ZIP CODE ▲
x Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Identif	y by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE A
			ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail	Te pries: List all banks or other depositories in which	STATE ▲	
Mailing Address TITLE OR POSITION Banks or Other Depositor	Te pries: List all banks or other depositories in which	STATE ▲	
Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail of Bank,	Te pries: List all banks or other depositories in which	STATE ▲	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	Te pries: List all banks or other depositories in which	STATE ▲	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	Te pries: List all banks or other depositories in which	STATE ▲	

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ig Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu		
Mailing Address	2722 EAST MCCARTY		
	JEFFERSON CITY	MO	65101
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee Ty by name, address (phone number – optional	loint Fundraising Represent	Leadership PAC Sp
			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC S
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional CITY CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional CITY CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional CITY CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	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.	fy by name, address (phone number – optional CITY CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page <u>21</u> **of** <u>22</u>

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra COMMITTEE FOR RURAL ELECTI		e, or Leadership PAC Sponsor
	Mailing Address	509 EAST CARTHAGE		
		PO BOX 790		
		MEADE	, , , , KS ,	67864
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	X Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Ü			
		CITY _	STATE ▲	ZIP CODE A
	TITLE OR POSITION	•	1	0022 _
		<u> </u>	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which that ntains funds.	he committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
•	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
WYOMING RUR	AL ELECTRIC ASSOCIATION PAC		
<u> </u>			
Mailing Address	2312 CAREY AVENUE		
	CHEYENNE	WY	82001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
X Connecte	ed Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identic	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: 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 Deposit afety deposit boxes or mainly and the state of t	fy by name, address (phone number – optional) CITY CITY To ories: 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 To ories: 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 Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To ories: 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A