PAGE 1 / 19

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 ▲ 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] 04 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:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FE	C Form	1 (Revised 03/2022)	Page 2
5.	TYPE C	OF COMMITTEE:	
	Candid	date 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. (Complete the information below.)	candidate
	Name Candid		
	Candid Party	date Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cand	ne of didate	
	Party C	Committee:	
	(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican,	etc.) Party
	Politica	al 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 Org	ganization
		Membership Organization Trade Association Cooperation	ve
		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 committee. (i.e., nonconnected committee)	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.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	Fundraising Representative:	
	(i)	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.	more political
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.	C	
	1		

Ex VP/CEO

	-			_
	FEC Form 1 (Revised	·		Page 3
V	/rite or Type Committee Name			
	•	atives of Mississippi Action Committee		
6.	Name of Any Connected C Electric Cooperative	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leaders	ship PAC Sponsor
	Licetile Gooperative			
	Mailing Address	P.O. Box 3300		
		Ridgeland	MS 39158-	3300
		CITY ▲ ST	TATE A	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of th	ne person in possess	ion of committee
	Callahan,	Michael, -, Mr.,		
	Full Name			
	Mailing Address	P.O. Box 3300		
		Ridgeland	MS 39158-3	3300
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Ex VP/CEO	Telephone numbe	er 601 – _	605 - 8600
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the coassistant treasurer).	ommittee; and the na	ame and address of
	Full Name Callahan,	Michael, -, Mr.,		
	of Treasurer			
	Mailing Address	P.O. Box 3300		
		Ridgeland	MS 39158-5	3300
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼			

8600

601

Telephone number

605

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		nber	
	Depositories: 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

(h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint F		
Mailing Address	4301 Wilson Boulevard		
	·		
	Arlington		22203
Relationship:	CITY ▲	STATE A	▲ ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising Represe	Leadership 170 of
			Leadership FAO Op
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esignated Agent: Identi			
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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. N	=	Organization, Affiliated Committee, Joint Fundrai		e, or Leadership PAC Sponsor
	LOUISIANA ACTI	ON COMMITTEE FOR RURAL ELEC	RIFICATION	
	Mailing Address	10725 AIRLINE HIGHWAY		
	. J			
		BATON ROUGE	ı LA ı	70816
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	X Connected	Organization Affiliated Committee Joint F	Fundraising Represent	
8. D	Pesignated Agent: Identify	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D	Full Name	CITY	STATE A	ZIP CODE A
8. D	Full Name	CITY A	STATE A	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
INDIANA ACRE/I	NDIANA STATEWIDE ASSN OF F	RURAL ELECTRIC	COOPERATIVES IN
I			
Mailing Address	720 NORTH HIGH SCHOOL ROAD		
	INDIANAPOLIS		46214
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraising				
1.			number	C
2.		FEC ID	number	С
3.		FEC ID	number	C
4.		FEC ID	number	C
ame of Any Connected (rganization, Affiliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spor
MONTANA ACTIO	N COMMITTEE FOR RURAL I	LECTRIFIC	ATION	
Mailing Address	PO BOX 1306			
	(501 BAY DRIVE)			
	GREAT FALLS	1	MT	59403
Relationship:	CITY A		STATE A	ZIP CODE ▲
X Connected	Organization Affiliated Committee	Joint Fundraising	Representa	Leadership PAC S
X Connected	Organization Affiliated Committee by name, address (phone number – option		Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fun MITTEE FOR RURAL ELECTRIFICATION-	• .	•
Mailing Address	P O BOX 608		
	BURLEY	ID I	83342
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
X Connected	d Organization Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Spo
X Connected		int Fundraising Represent	Leadership PAC Spo
Connected Designated Agent: Identify		int Fundraising Represent	Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund		
OKLAHOMA ASSN O	OF ELECTRIC COOPERATIVES ACTION CO	MMITTEE FOR RUR	AL ELECTRIFICATION
Mailing Address	PO BOX 54309		
	OKLAHOMA CITY	OK	73154
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative 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	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
OHIO ACTION C	COMMITTEE FOR RURAL ELECTRIF		
	<u> </u>		
Marilian Addans	6677 BUSCH BOULEVARD		
Mailing Address	P O BOX 26036		
	COLUMBUS	OH	43226
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi n		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	• .	(BASIN ELECTRIC PAC
Mailing Address	1717 EAST INTERSTATE AVENUE		
	BISMARCK	ND ND	58501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising	, Participant:		C
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spor
BERKELEY ELEC	TRIC COOPERATIVE INC EMPLO	YEE PAC	
Mailing Address	PO BOX 1234		
	MONCKS CORNER	SC	29461
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
x Connected	Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Faiticipant.		
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 Fund C COOPERATIVE INC PAC	draising Representative	e, or Leadership PAC Spon
AIREN ELECTRI	C COOPERATIVE INC PAC		
Mailing Address	2790 WAGENER ROAD		
Mailing Address	PO BOX 417		
	AIKEN	, SC ,	, 29802
Relationship:			
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
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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	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	= -	e, or Leadership PAC Spon
SPEAK UP FOR	RURAL ELECTRIFICATION (SURE)) -	
	D 0 D0V 00470		
Mailing Address	P.O.BOX 32170		
	LOUISVILLE	KY KY	40232
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sp
Connecte	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	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	fy by name, address (phone number – optional) CITY CITY To pries: 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 market	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: 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 To pries: 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, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: 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

Depository, etc. Mailing Address					
Depository, etc.					
Depository, etc.					
Name of Bank,					
Banks or Other Deposito afety deposit boxes or ma		anks or other deposito	ries in which the	committee deposit	s funds, holds accounts, rents
Ponko ou Othou Ponce	wiene Link - II be	onko ov otkov dose 1	wing in which the	. committee deservi	o fundo, holdo coccusto assista
			Tele _l	phone Number	
TITLE OR POSITION	▼	CITY A		STATE ▲	ZIP CODE ▲
		<u> </u>			
					1 1 1 1 1 1 1 1 1 1
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, add	dress (phone number	– optional)		
X Connected	d Organization	Affiliated Committee	ee Joint Fu	ndraising Represent	ative Leadership PAC Spo
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
	JEFFERSO	ON CITY		MO	65101
Mailing Address					
Mailing Address	2722 EAST	MCCARTY			
	_				e, or Leadership PAC Sponso (FKA MISSOURI ACRE)
4.				FEC ID number	C
3.				FEC ID number	C
				FEC ID number	C
2.					

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

h). Joint Fundraisi	ng Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	= -	e, or Leadership PAC Spon
KANSAS ACTIO	N COMMITTEE FOR RURAL ELECT	RIFICATION	
	509 EAST CARTHAGE		
Mailing Address	PO BOX 790		
	MEADE	KS	67864
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Join Join by by name, address (phone number – optional)	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		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	st Fundraising Representation	
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 T	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 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
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
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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	С
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
WYOMING RUR	AL ELECTRIC ASSOCIATION PAC		
1			
Mailing Address	2312 CAREY AVENUE		
	CHEYENNE	, , , WY ,	82001
Relationship:	CITY A	STATE A	ZIP CODE ▲
neialionsilip.	0111 =		
X Connecte		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee Joint	Fundraising Representation	Leadership PAC S
Connecte	ed Organization Affiliated Committee Joint	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee Joint	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint fy by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee Joint fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: 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 management of the content	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: 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,	Affiliated Committee Joint fy 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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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	C
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GREAT RIVER E	ENERGY ACTION TEAM		
<u>.</u>			
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
X Connecte	ed Organization Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
		t Fundraising Represent	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)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	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 To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY To pries: 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 To pries: List all banks or other depositories in which	STATE A	ZIP CODE A