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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) The Farm Credit Council Political Action Committee 50 F Street NW ADDRESS (number and street) Suite 900 (Check if address is changed) Washington 20001-1530 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS odonnell@fccouncil.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.farmcreditpac.com (Check if address is changed) DATE 2020 C00193631 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. Shipp, William, Jeffry,, Type or Print Name of Treasurer Shipp, William, Jeffry, , [Electronically Filed] 05 18 2020 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: FEC FORM 1 Federal Election Commission

Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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	COMMITTEE  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 candidate information below.)		
Name of Candidate			
Candidate Party Affiliat	on Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor		(Democratic,	
(d)		Republican, etc.) Party.	
Political A	ction Committee (PAC):		
(e) <b>x</b>	nnected 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 secommittee. (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 Fund	Iraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Com	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4			

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Write or Type Committee Na		
The Farm Cre	dit Council Political Action Committee	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
The Farm Credit Co	uncil	
	50.5 0.100	
Mailing Address	50 F St NW Ste 900	
	Washington DC 20001-	1530
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative L dentify by name, address (phone number optional) and position of the person in po	eadership PAC Sponsor  pssession of committee
	all Kally	
Full Name	ell, Kelly, , ,	
Mailing Address	50 F St NW	
	Ste 900	
	Washington DC 20001-	1530
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		879   0849
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the n ., assistant treasurer).	ame and address of
Full Name Shipp, V	Nilliam, Jeffry, ,	
Mailing Address	50 F St NW	
	Ste 900	
	Washington DC 20001-	1530
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Tolophono number	879   0851

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Full Name of Designated O'D Agent	onnell, Kelly, , ,				
Mailing Address	50 F St NW				
	Ste 900				
	Washington	DC 20001-1	530		
	CITY	STATE	ZIP CODE		
Title or Position  Designated Agent	Telephone nu	mber 202	879   -   0849		
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, Depos	sitory, etc.				
Ch	nain Bridge Bank				
Mailing Address	1445A Laughlin Ave				
	McLean	VA 22101			
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, etc.					
<sub>I</sub> Su	ınTrust Bank		1		
	1445 New York Avenue NW				
Mailing Address					
	Washington	DC   20005			
	Washington	DC 20005			
	CITY	STATE	ZIP CODE		

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This form is amended to reflect an additional bank, updated committee email address, added alternate email address, as well as a new Designated Agent and Custodian of Records.

Form/Schedule: Transaction ID: