FEC

Only

STATEMENT OF

PAGE 1 / 21

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Berkeley Electric Cooperative, Inc. Employee PAC P.O. Box 1234 ADDRESS (number and street) (Check if address is changed) Moncks Corner 29461 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address henryh@bec.coop is changed) Optional Second E-Mail Address henryh@bec.coop COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00414169 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. Type or Print Name of Treasurer Huthmacher, Henry, R., Mr., Jr. Huthmacher, Henry, R., Mr., Jr. Date 04 80 2024 Signature of Treasurer 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

FE	Form 1 (Revised 03/2022)	Page 2
5.	PE OF COMMITTEE:	
	andidate Committee:	
	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. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	arty Committee:	
	This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	olitical Action Committee (PAC):	
	X 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	nanization
	Membership Organization Trade Association X Cooperation	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	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.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	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.	
	int Fundraising Representative:	
	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
	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
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name	Cooperative les Frances DAC		
_		Cooperative, Inc. Employee PAC		
6.	-	rganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leaders	hip PAC Sponsor
	Berkeley Electric Cod	pperative, Inc.		
	Mailing Address	P.O. Box 1234		
	3			
		Moncks Corner SC	C 29461	
		CITY ▲ STAT	TE ▲	ZIP CODE ▲
	Relationship: X Connected		vrocentative.	Leadership PAC Sponso
	nelationship.	Organization John Fundraising Repl	resentative	Leadership FAC Sponso
7.	Custodian of Records: Identi	ify by name, address (phone number optional) and position of the	person in possessi	ion of committee
	books and records.			
	Huthmache	er, Henry, R., Mr., Jr.		
	Full Name			
	Mailing Address	P.O. Box 1234		
	Mailing Address			
		Moncks Corner SC	C 29461	-
		CITY ▲ STAT	 TE ▲	ZIP CODE ▲
	Title or Position ▼	CIT - SIAI		ZIF CODE =
	Treasurer		ı 843 _{I I}	899 8421
		Telephone number		
_				
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the comassistant treasurer).	nmittee; and the na	ime and address of
	Full Name Huthmache	er, Henry, R., Mr., Jr.		
	of Treasurer			
	Mailing Address	P.O. Box 1234		
		Moncks Corner S	SC 29461	
		CITY ▲ STAT	 TE ▲	ZIP CODE ▲
	Title or Position ▼	OITH	. _	
	Treasurer	Telephone number	843	899

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Huthmacher, Henry, R., Mr., Jr.		
Mailing Address	P.O. Box 1234		
	Moncks Corner SC	29461	
Title or Position	CITY ▲ STATE A	A	ZIP CODE ▲
Treasurer	Telephone number	843	719 - 8525
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposition xes or maintains funds.	its funds, hold	s accounts, rents
Name of Bank, D	Depository, etc.		
	National Bank of South Carolina		
Mailing Address	P.O. Box 639		
	Goose Creek	29445	
	CITY ▲ STATE 4	A	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY ▲ STATE 4	A	ZIP CODE ▲

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	I Organization, Affiliated Committee, Joint Fun		
Mailing Address	4301 WILSON BOULEVARD		
	ARLINGTON	VA VA	22203
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	ed Organization X Affiliated Committee Jo fy by name, address (phone number – optional)	int Fundraising Representa	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	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 Ories: List all banks or other depositories in which paintains funds.	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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
			
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
National Rural Electric	c Cooperative Association America's E	lectric Cooperatives PAC	
Mailing Address	4301 Wilson Blvd		<u> </u>
	1		
	Arlington	, VA	22203
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Organization X Affiliated Committee	Joint Fundraising Represent	
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
	CITY	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A

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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
-	Organization, Affiliated Committee, Joint Fun		
Mailing Address	P O BOX 608		
	BURLEY	ID	83342
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jo		
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, ren

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization X Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

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	ing Participant:		
1.		FEC ID number	С
2.	<u> </u>	FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fo		
INDIANA ACRE/IND	IIANA STATEWIDE ASSOCIATION OF RUF	RAL ELECTRIC COOPE	RATIVES DBA INDIANA EL
Mailing Address	8888 KEYSTONE CROSSING		
	SUITE 1600		
	INDIANAPOLIS	IN I	46240
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Full Name			
	N ▼ CITY ▲	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ▼ CITY ▲	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ¥	1	ZIP CODE A
Mailing Address TITLE OR POSITIO	N ▼	Telephone Number	
Mailing Address TITLE OR POSITIO Banks or Other Deposite afety deposit boxes or respectively.	N ▼	Telephone Number	
Mailing Address TITLE OR POSITIO	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Depositions of Banks, and Bank,	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Depositions afety deposit boxes or responsitions, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITIO Banks or Other Depositions afety deposit boxes or responsitions, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents

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

(h). Joint Fundraisi	ig i ai tioipailt.		
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		e, or Leadership PAC Spons
Mailing Address	509 EAST CARTHAGE		
	PO BOX 790		
Relationship:	MEADE	KS KS	67864
Helationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Jo y by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spo
Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)		
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Pesignated Agent: Identing Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundraisir	ig 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 Fu	ndraising Representativ	e, or Leadership PAC Spons
<u> </u>			
Mailing Address	P.O.BOX 32170		
Mailing Address			
	LOUISVILLE	KY	40232
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A

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

(h). Joint Fundraisir	ig raiticipalit.		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundral COMMITTEE FOR RURAL ELECTRIFICAT		e, or Leadership PAC Spons
	ı 10725 AIRLINE HWY		
Mailing Address	1		
	. BATON POLICE		70916
Relationship:	BATON ROUGE CITY	STATE A	70816 ZIP CODE ▲
			П
	d Organization X Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)		
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Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

1 2						
2				FEC I	D number	C
				FEC I	D number	С
3				FEC I	D number	C
4.				FEC I	D number	C
Name of A	ny Connected (Organization, Af	filiated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
GREAT	RIVER ENER	GY ACTION T	EAM (GREAT)			
Mailin	g Address	12300 ELM CF	REEK BLVD			
		MAPLE GROV	/E 		MN	55369
Relation	onship:		CITY A		STATE A	ZIP CODE ▲
Designated			X Affiliated Committee ss (phone number – option	Joint Fundraisir	ng Represent	ative Leadership PAC Spo
Full Nan	Agent: Identify				ng Represent	ative Leadership PAC Spo
Full Nan	Agent: Identify				ng Represent	ative Leadership PAC Spo
Full Nan	Agent: Identify				ng Represent	ative Leadership PAC Spo
Full Nan	Agent: Identify		ss (phone number – optio			
Full Nan	Agent: Identify	by name, addre			STATE A	ZIP CODE A

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

(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
MISSOURI ELECTF	RIC COOPERATIVES POLITICAL ACTION	COMMITTEE	
Mailing Address	2722 EAST MCCARTY STREET		
	JEFFERSON CITY	MO MO	65101
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Jo fy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representation	ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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

1.							
. 1				FEC I	D number	C	_
2. 🔃				FEC I	D number	С	
3. 🔲				FEC I	D number	С	Ξ
4. 🗀				FEC I	D number	С	
	-	_	Affiliated Committee, Joint	_	-		ons
Mai	iling Address	POST OFFIC	CE BOX 3300				
		RIDGELAND)		MS	39158	
			CITY A		STATE A	ZIP CODE 4	A
Designate	ed Agent: Identif	d Organization	X Affiliated Committee ress (phone number – option	Joint Fundraisir	g Represent	tative Leadership PAC	Spo
Designate Full N	Connected ed Agent: Identify		X Affiliated Committee		g Represent	tative Leadership PAC	Spo
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Designate Full N Mailin	Connected ed Agent: Identify lame ng Address	by name, add	X Affiliated Committee ress (phone number – option				Spo
Designate Full N Mailin	Connected ed Agent: Identify	by name, add	X Affiliated Committee		STATE A	Leadership PAC	Spc

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

h). Joint Fundraisi	g		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun		
BAGIN ELECTRIC I			
Mailing Address	1717 E INTERSTATE AVE		
	BISMARCK	ND	58503
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	ed Organization X Affiliated Committee Jo fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
		III Fulldraising Representa	Leadership FAC 3
esignated Agent: Identi		Int Fundraising Represent	Leadership FAC 3
esignated Agent: Identi		Int Fundraising Representation	Leadership FAC 3
esignated Agent: Identi		Int Fundraising Representation	Leadership FAC 3
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which anintains funds.	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,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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. I .		Participant:				
1. 🖳				FEC ID	number	С
2. 🔲				FEC ID	number	C
3. 🗔				FEC ID	number	C
4				FEC ID	number	С
	-					e, or Leadership PAC Spons
Mail	ling Address	6677 BUSCH BO	ULEVARD			
		COLUMBUS		I	OH	43229
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
esignate	ed Agent: Identify	by name, address	(phone number – option	nal)		
esignate Full N		by name, address	(phone number – option	nal)		
Full N		by name, address	(phone number – option	nal)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connector	l Organization, Affiliated Committee, Joint Fu	ndraining Poprocentative	or Londorphin DAC Spans
-	COOPERATIVE INC PAC	ilulaisiiig hepreseiltauve	. Of Leadership FAC Sports
Mailing Address	2790 WAGENER ROAD		
	PO BOX 417		
Relationship:	AIKEN CITY A	STATE A	29802 ZIP CODE ▲
riolationomp.		SIAIL	ZIF CODE A
Full Name	1		
Full Name _ _ _ Mailing Address			
			ZIR CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STAT	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, ren
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposit	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposit	s funds, holds accounts, rents

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cted Organization, Affil AL ELECTRIC ASSO 2312 CAREY AV CHEYENNE Deceed Organization	OCIATION PAC	FEC I	D number D number D number D number presentative	C C C e, or Leadership PAC Spons
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AL ELECTRIC ASSO 2312 CAREY AV CHEYENNE	CIATION PAC VENUE	FEC I	D number	C e, or Leadership PAC Spons
AL ELECTRIC ASSO 2312 CAREY AV CHEYENNE	CIATION PAC VENUE		presentative	e, or Leadership PAC Spons
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CHEYENNE			l WY l	
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	CITY A		""	ı 82001 ı ı
ected Organization X	CITY A			
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FEC ID number C 2.		ng Participant:		
3.	1.		FEC ID number	С
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot MONTANA"S ELECTRIC COOPERATIVES PAC Mailing Address Solid Bay DRIVE GREAT FALLS GREAT FALLS Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE ZIP CODE ZIP CODE Z	2		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot MONTANA''S ELECTRIC COOPERATIVES PAC Mailing Address 501 BAY DRIVE GREAT FALLS GREAT FALLS GREAT FALLS Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A	3.		FEC ID number	С
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Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲	Relationship:	CITY A	STATE A	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	Designated Agent: Ident	ify by name, address (phone number – optiona	l)	
TITLE OR POSITION ▼	Full Name	ify by name, address (phone number – optiona	I)	
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TITLE OR POSITION ▼	Full Name	ify by name, address (phone number – optiona	l)	
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	Full Name L L L L L L L L L L L L L L L L L L L	CITY A		ZIP CODE A
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Name of Bank,	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be boxed.	CITY ▲ Ories: List all banks or other depositories in whaintains funds.	STATE Telephone Number nich the committee deposit	ts funds, holds accounts, rents
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(h). Joint Fundrais			
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Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponse
AMERICA'S ELECT	RIC COOPERATIVE PAC - OKLAHOMA		
Mailing Address	2325 E I-44 SERVICE RD		
	OKLAHOMA CITY	OK	73111
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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