PAGE 1 / 22 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 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 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] 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 s committee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_				
	FEC Form 1 (Revised 02	2/2009)			Page 3
V	Write or Type Committee Name				
E	Electric Cooperativ	ves of Mississippi Action	n Committe	e for Rura	l Electrification
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint F	Fundraising Repres	sentative, or Lead	dership PAC Sponsor
Ε	Electric Cooperatives o	f Mississippi			
L					
	Mailing Address	P.O. Box 3300			
		Ridgeland		MS 3915	8-3300
		CITY		STATE	ZIP CODE
	Relationship: x Connected	Organization Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor
	Custodian of Records: Identification books and records.	ify by name, address (phone number op	otional) and position	of the person in	possession of committee
	Callahan, M	lichael, -, Mr.,			
	Full Name	,P.O. Box 3300			
	Mailing Address				
		Didestand		MC 301	58-3300
		Ridgeland		MS 3918	
	Title or Position	CITY	S	TATE	ZIP CODE
	Ex VP/CEO		Telephone numbe	er 601 –	605 8600
3.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the sistant treasurer).	e treasurer of the co	ommittee; and the	e name and address of
	Full Name Callahan, M of Treasurer	ichael, -, Mr.,			
	Mailing Address	P.O. Box 3300			
		Ridgeland		MS 3915	8-3300
	Title or Position	CITY	S	TATE	ZIP CODE
	Ex VP/CEO		Telephone numbe	er 601 -	605 8600

I EU FOIT	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ls accounts, rents
safety deposit bo	exes or maintains funds.	ls accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Bancorp South 525 E. Capitol Street	zip CODE
safety deposit bo Name of Bank, [Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Bancorp South 525 E. Capitol Street Jackson CITY STATE Depository, etc.	

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

Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mailing Address Mailing Address	ries: List all banks	CITY A s or other depositories in v	Telephone N		ZIP CODE A s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail affects after the second s	ries: List all banks			lumber	
Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail affects after the second s	ries: List all banks			lumber	
Mailing Address TITLE OR POSITION Banks or Other Deposito lafety deposit boxes or mails and the second se	ries: List all banks			lumber	
Mailing Address TITLE OR POSITION	ries: List all banks			lumber	
Mailing Address TITLE OR POSITION				lumber	
Mailing Address		CITY A	Telephone N		ZIP CODE A
Mailing Address		CITY A		STATE A	ZIP CODE A
Full Name					
1					
Designated Agent: Identify	/ by name, addres	s (phone number – optior	al)		
X Connected	d Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Arlington		I	VA	22203
maming radiood	• • •				
Mailing Address	4301 Wilson Bo	oulevard	1 1 1 1 1	1 1 1 1	
	_		_	_	e, or Leadership PAC Spons LECTRIC COOP. ASSOC.
4				D number	C
3. <u> </u>				D number	C
3.			1 FEC I	D number	C
				D number	C

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

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun		e, or Leadership PAC Spon
LOUISIANA ACTION	ON COMMITTEE FOR RURAL EL	ECTRIFICATION	
	1 10725 AIRLINE HIGHWAY		
Mailing Address			
	BATON ROUGE	LA LA	70816
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connected	Organization Affiliated Committee Joint Joint Programme Affiliated Committee	int Fundraising Representa	tive Leadership PAC Sp
Full Name	by name, address (phone number – optional)		
Mailing Address			
Mailing Address			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	▼ CITY ▲		
TITLE OR POSITION	▼ CITY ▲	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	CITY A	STATE A Telephone Number	ZIP CODE A
anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A

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

r(h). Joint Fundraisi n	g Participant:			
1.		FEC I	D number	С
2.		FEC I	D number	С
3.		FEC I	D number	С
4.		FEC I	D number	С
	Organization, Affiliated Committee	_	-	
Mailing Address	720 NORTH HIGH SCHOOL ROA	D 		
	INDIANAPOLIS	<u> </u>	IN I	46214
Relationship:	CITY A		STATE A	ZIP CODE ▲
X Connected	d Organization	tee Joint Fundraisir	ng Representa	ative Leadership PAC Spo
Full Name				
TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	Telephone N	STATE A	ZIP CODE A
	ries: List all banks or other deposit		STATE A	
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or other deposit		STATE A	

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

n). Joint Fundraising			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
MONTANA ACTIC	N COMMITTEE FOR RURAL ELE	CTRIFICATION	
Mailing Address	PO BOX 1306		
	(501 BAY DRIVE)		
	GREAT FALLS	MT	59403
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
x Connected	Organization Affiliated Committee Joi	int Fundraising Representa	ative Leadership PAC S
X Connected	Organization Affiliated Committee Joi	int Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify		int Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name		int Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) CITY es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositor Infety deposit boxes or mail Infety depository, etc.	by name, address (phone number – optional) CITY es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _9 **of** _22__

y) or (h). Joint Fundraisi n	ng 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 Fundra		
IDAHO ACTION COM	IMITTEE FOR RURAL ELECTRIFICATION-IDA	HO COOPERATIV	'E UTILITIES ASSOCIATION
Mailing Address	P O BOX 608		
	BURLEY		83342
Relationship:	CITY A	STATE A	ZIP CODE ▲
X Connected	d Organization Affiliated Committee Joint I	Fundraising Represent	ative Leadership PAC Sponsor
Full Name	y by name, address (phone number – optional)		
Mailing Address			
			1
TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE ON POSITION	1	ephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which thaintains funds.	ne committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.			1 1 1 1 1 1 1 1 1 1 1
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	n Participant		
O(g)	1	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundi		e, or Leadership PAC Sponsor
	Mailing Address	P O BOX 1138		
		222 W PLEASANT DRIVE		
		PIERRE	SD	57501
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	X Connected	Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.				
	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	safety deposit boxes or ma	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents

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

(h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra		
Mailing Address	PO BOX 54309		
	OKLAHOMA CITY	OK OK	73154
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	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	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraising	n Participant		
J(g)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	4.			
6.		Organization, Affiliated Committee, Joint Fund		
	Mailing Address	P. O. Box 26566		
		Raleigh	NC NC	27611
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Join	nt Fundraising Represent	tative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposit	ts funds, holds accounts, rents
	Mailing Address			
	ivialling Address			

FEC Form 1S (Revised 02/2017)

յ) or (h).	Joint Fundraising	Participant:		
1	1.		FEC ID number	C
2	2.		FEC ID number	C
9	3.		FEC ID number	С
	4.		FEC ID number	С
		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	JWA FRIENDS C	PF RURAL ELECTRIFICATION - IAE	L PAC	
	Mailing Address	8525 Douglas Ave. Ste. 48		
		<u> </u>		
		Urbandale	I I I I	50322
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	X Connected	Organization Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponso
Desi		by name, address (phone number – optional)		
I	ignated Agent: Identify			
I	ignated Agent: Identify Full Name			
I	ignated Agent: Identify Full Name			
I	ignated Agent: Identify Full Name	by name, address (phone number – optional)		
I	ignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Bani safei	ignated Agent: Identify Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or main the of Bank, ository, etc.	by name, address (phone number – optional) CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
Bani safei	ignated Agent: Identify Full Name Mailing Address TITLE OR POSITION ks or Other Depositori ty deposit boxes or main	by name, address (phone number – optional) CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
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Bani safei	ignated Agent: Identify Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or main the of Bank, ository, etc.	by name, address (phone number – optional) CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundrais i	ing Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
•	d Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Spon
OHIO ACTION C	COMMITTEE FOR RURAL ELECTRIF		
Mailing Address	6677 BUSCH BOULEVARD		
Mailing Address	P O BOX 26036		
	COLUMBUS	OH	43226
Relationship:	CITY A	STATE A	ZIP CODE ▲
X Connecte	ed Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Telepories: 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 markets.	ify 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	ify by name, address (phone number – optional) CITY CITY Telepories: 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,	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY Telepories: 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

	g Participant:		
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
COLORADO AD\	OCATES FOR RURAL ELECTRIFIC	CATION	
M. Trans Addition	5400 WASHINGTON ST		
Mailing Address			
	DENVER	CO	80216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
X Connected	d Organization Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	, by pamo, address (phono number – entional)		
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	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	CITY A	STATE ▲	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 are material deposited.	CITY A	STATE ▲	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 are material deposited.	CITY A	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE ▲	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	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi		FEC ID number	C
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID 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
l			
Mailing Address	1717 EAST INTERSTATE AVENUE		
	BISMARCK	ND ND	58501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	Leadership PAC Sp
	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
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
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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 Te	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 Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
BERKELEY ELE	CTRIC COOPERATIVE INC EMPLO	YEE PAC	
I			
Mailing Address	PO BOX 1234		
	MONCKS CORNER	SC	29461
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Telepries: 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 management.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Telepries: 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 management of Bank,	cy by name, address (phone number – optional) CITY CITY Telepries: 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.	cy by name, address (phone number – optional) CITY CITY Telepries: 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.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ilg Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Mailing Address	2790 WAGENER ROAD		
	PO BOX 417		
	AIKEN	SC	29802
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint of your part of	int Fundraising Represent	ative Leadership PAC Sp
		Init Fundraising Represent	ative Leadersnip PAC S
esignated Agent: Identi		Init Fundraising Represent	ative Leadersnip PAC S
esignated Agent: Identi		Int Fundraising Represent	ative Leadersnip PAC S
esignated Agent: Identi		Int Fundraising Represent	ative Leadership PAC S
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) CITY		
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 pries: List all banks or other depositories in which	STATE A Telephone Number	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 pries: List all banks or other depositories in which	STATE A Telephone Number	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 pries: List all banks or other depositories in which	STATE A Telephone Number	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 pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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 Spon
SPEAK UP FOR	RURAL ELECTRIFICATION (SURE) 	
	P.O.BOX 32170		
Mailing Address			
	LOUISVILLE	L KY	40232
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connected	d Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
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	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintenance and the state of	CITY A	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 are material deposited.	CITY A	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 are material deposited.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	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	STATE ▲ Telephone Number	ZIP CODE A

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	С
	4.		FEC ID number	C
	7.			
6.		Organization, Affiliated Committee, Joint Fundra FOR RURAL ELECTRIFICATION/MISSOUR		
	Mailing Address	2722 EAST MCCARTY		
		JEFFERSON CITY	MO	65101
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which to	STATE STATE lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Te ries: List all banks or other depositories in which to intains funds.	STATE STATE lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Te ries: List all banks or other depositories in which to intains funds.	STATE A dephone Number the committee deposits	
	Full Name	CITY CITY Te ries: List all banks or other depositories in which to intains funds.	STATE A dephone Number the committee deposits	
	Full Name	CITY CITY Te ries: List all banks or other depositories in which to intains funds.	STATE A dephone Number the committee deposits	

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Spon
KANSAS ACTIO	N COMMITTEE FOR RURAL ELECTI	RIFICATION	
Mailing Address	509 EAST CARTHAGE		
	PO BOX 790		
	MEADE	KS	67864
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
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 Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	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 Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Mailing Address CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, address Full Name Mailing Address		FEC ID number	C
ame of Any Connected Organization WYOMING RURAL ELECT Mailing Address CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, address Mailing Address TITLE OR POSITION anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			
ame of Any Connected Organization WYOMING RURAL ELECT Mailing Address CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, address Mailing Address TITLE OR POSITION anks or Other Depositories: List all be afety deposit boxes or maintains funds. ame of Bank, epository, etc.		EEO ID	
ame of Any Connected Organization WYOMING RURAL ELECT Mailing Address CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, address Mailing Address TITLE OR POSITION anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.		FEC ID number	C
WYOMING RURAL ELECT Mailing Address 2312 CARI		FEC ID number	C
Mailing Address CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, address Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all beafety deposit boxes or maintains funds. lame of Bank, epository, etc.	, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Relationship: CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, ad Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all be afety deposit boxes or maintains funds. ame of Bank, epository, etc.	RIC ASSOCIATION PAC		
Relationship: CHEYENN Relationship: Connected Organization esignated Agent: Identify by name, ad Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			
Relationship: Connected Organization esignated Agent: Identify by name, add Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all beafety deposit boxes or maintains funds. ame of Bank, epository, etc.	EY AVENUE		
Relationship: Connected Organization esignated Agent: Identify by name, add Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			00004
Connected Organization esignated Agent: Identify by name, and Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: List all be afety deposit boxes or maintains funds. ame of Bank, epository, etc.	iE 	L WY	82001
Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.	ldress (phone number – optional)		
TITLE OR POSITION ▼ anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			
anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			
anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.			
anks or Other Depositories: List all bafety deposit boxes or maintains funds. ame of Bank, epository, etc.	CITY A	STATE A	ZIP CODE A
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	0111 =	01/112 =	2 0052 =
afety deposit boxes or maintains funds. ame of Bank, epository, etc.		elephone Number	
epository, etc.	anks or other depositories in which	the committee deposit	s funds, holds accounts, ren
Mailing Address			