

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Electric Cooperatives of Mississippi Action Committee for Rural Electrification

ADDRESS (number and street) POST OFFICE BOX 3300

(Check if address is changed)

Ridgeland MS 39158
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) callahan@ecm.coop

Optional Second E-Mail Address
purnell@ecm.coop

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.ecm.coop

2. DATE 10 / 10 / 2017

3. FEC IDENTIFICATION NUMBER C C00004952

4. 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 Callahan, Michael, -, Mr.,

Signature of Treasurer Callahan, Michael, -, Mr., Date 04 / 05 / 2024

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.

5. TYPE OF COMMITTEE:

Candidate 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 Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political 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 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 segregated fund or party committee. (i.e., nonconnected committee)

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).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Electric Cooperatives of Mississippi Action Committee for Rural Electrification

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Electric Cooperatives of Mississippi

Mailing Address

P.O. Box 3300

Ridgeland

MS

39158-3300

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Organization

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Callahan, Michael, -, Mr.,

Mailing Address

P.O. Box 3300

Ridgeland

MS

39158-3300

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Ex VP/CEO

Telephone number

601

605

8600

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Callahan, Michael, -, Mr.,

Mailing Address

P.O. Box 3300

Ridgeland

MS

39158-3300

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Ex VP/CEO

Telephone number

601

605

8600

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number [Grid]

9. 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, Depository, etc.

Bancorp South [Grid]

Mailing Address

525 E. Capitol Street [Grid]

[Grid for Mailing Address Line 2]

Jackson [Grid] MS [Grid] 39201 [Grid]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number --

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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

IDAHO ACTION COMMITTEE FOR RURAL ELECTRIFICATION-IDAHO COOPERATIVE UTILITIES ASSOCIATION

Mailing Address P O BOX 608

BURLEY ID 83342

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____

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Name of Bank, Depository, etc. _____

Mailing Address _____

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Mailing Address

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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Mailing Address

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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

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FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

BASIN ELECTRIC POWER COOPERATIVE POLITICAL ACTION COMMITTEE (BASIN ELECTRIC PAC)

Mailing Address 1717 EAST INTERSTATE AVENUE

BISMARCK ND 58501

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone Number _____-_____-_____

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FEC ID number

FEC ID number

FEC ID number

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BERKELEY ELECTRIC COOPERATIVE INC EMPLOYEE PAC

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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Mailing Address

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Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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TITLE OR POSITION

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Name of Bank, Depository, etc.

Mailing Address

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FEC ID number C _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

WYOMING RURAL ELECTRIC ASSOCIATION PAC

Mailing Address 2312 CAREY AVENUE

CHEYENNE WY 82001

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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Name of Bank, Depository, etc. _____

Mailing Address _____

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Mailing Address

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MONTANA'S ELECTRIC COOPERATIVES PAC

Mailing Address 501 BAY DRIVE

GREAT FALLS MT 59404

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone Number _____-_____-_____

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