Only

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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) SEABOARD CORPORATION POLITICAL ACTION COMMIT 9000 W 67th Street ADDRESS (number and street) (Check if address is changed) Merriam 66202 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dave.rankin@seaboardcorp.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2022 C00246736 FEC IDENTIFICATION NUMBER 3. 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. Rankin, David, H.,, Type or Print Name of Treasurer Rankin, David, H.,, [Electronically Filed] 02 02 2022 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

Local 202-694-1100

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|--------------------------------|--|-------------------------|
| TYPE OF CO | OMMITTEE 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. (Corinformation below.) | nplete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliation | Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Com | mittee: (National, State | (Democratic, |
| (d) | This committee is a or subordinate) committee of the | Republican, etc.) Party |
| Political A | ction Committee (PAC): | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is |
| | 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.) | |
| Joint Fund | raising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t | wo or more political |
| | committees/organizations, at least one of which is an authorized committee of a federal candidate | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| Comi | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 0 | FEC ID number | |
| 2. | | |
| 2. 3. | FEC ID number | |

Title or Position
Executive VP and CFO

| | | _ |
|--|--|---|
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| Write or Type Committee Na | | |
| SEABOARD (| CORPORATION POLITICA | L ACTION COMMITTEE |
| 6. Name of Any Connected | d Organization, Affiliated Committee, Joint Fundrais | ising Representative, or Leadership PAC Sponsor |
| Seaboard Corporation | on | |
| | | |
| Mailing Address | 9000 W 67th Street | |
| | Merriam CITY | KS 66202 STATE ZIP CODE |
| Custodian of Records: | dentify by name, address (phone number optional) | and position of the person in possession of committee |
| books and records. Rankin, Full Name Mailing Address | , David, H., , 9000 W 67th Street Merriam | KS 66202 |
| Title or Position | CITY | STATE ZIP CODE |
| Executive VP and CFO | | phone number 913 - 676 - 8800 |
| 3. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasug., assistant treasurer). | urer of the committee; and the name and address of |
| Full Name Rankin, of Treasurer | , David, H., , | |
| | | |
| Mailing Address | 9000 W 67th Street | |
| Mailing Address | 9000 W 67th Street | |

676

8800

913

Telephone number

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|---|---|-----------------|
| | | |
| Full Name of Designated Agent | Dannov, David, M., , | |
| Mailing Address | 9700 W 67th Street | |
| | L | |
| | Merriam CITY STATE | ZIP CODE |
| Title or Position President | | 576 - 8800 |
| Banks or Other safety deposit both Name of Bank, I | Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. UMB Bank, n.a. | accounts, rents |
| Mailing Address | P.O. Box 419226 | |
| | | |
| | Kansas City MO 64141-62 | 226 |
| | CITY STATE | ZIP CODE |
| Name of Rank I | Depository, etc. | |
| ivanie di Dank, L | | |
| Name Of Dalk, L | | |
| Mailing Address | | |
| | | |
| | | |

FEC Form 1S (Revised 02/2017)

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

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| n). Joint Fundraisi | ng Participant: | | |
|--|---|----------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fu | ndraising Representative | e, or Leadership PAC Spor |
| BUTTERBALL P | OLITICAL ACTION COMMITTEE IN | NC | |
| | | | |
| | P.O. BOX 2389 | | |
| Mailing Address | 1.0.200 | | |
| | | | |
| | GARNER | NC NC | 27529 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| 0 | d Committee Y Assistant Committee | sist Foodsision Brown at | |
| | | oint Fundraising Represent | ative Leadership PAC S |
| | fy by name, address (phone number – optional) | | Leadersnip PAC S |
| esignated Agent: Identi | | | Leadersnip PAC S |
| esignated Agent: Identi | | | Leadersnip PAC S |
| esignated Agent: Identi | | | Leadersnip PAC S |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or market and the control of the c | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |