**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Riceland Foods, Inc. PAC P.O. Box 927 ADDRESS (number and street) (Check if address is changed) Stuttgart AR 72160 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address awshea@riceland.com is changed) Optional Second E-Mail Address pamadsen@riceland.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00220053 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Shea, Adam, , Date 04 26 2024 Signature of Treasurer Shea, Adam, , , 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 Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

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	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 Office Sought: House Senate President	-				
	(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 Republican, etc.) Party					
	Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is						
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association X 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.)					
	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).					
	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. C	]				

	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
W	/rite or Type Committee Name			
	Riceland Foods,	Inc. PAC		
6.	-	ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leaders	nip PAC Sponsor
	Riceland Foods, Inc.			
	Mailing Address	P. O. Box 927		
		Stuttgart	AR 72160-09	927
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising	Representative L	eadership PAC Sponsor
7.	<b>Custodian of Records:</b> Ident books and records.	fy by name, address (phone number optional) and position o	f the person in possession	on of committee
	Shea, Adar	n, , ,		_
	Full Name			
	Mailing Address	PO Box 927		
		Stuttgart	AR 72160	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	VP Gov't Affairs	Telephone num	sber 870 - 0	5500
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the na	me and address of
	Full Name Shea, Ada	n		
	of Treasurer			
	Mailing Address	PO Box 927		
		Stuttgart	AR 72160	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	VP Gov't Affairs	Telephone num	nber 870	673 - 5500

FEC <b>Form</b> 1	(Revised 02/2009)		Page <b>4</b>		
Full Name of Designated					
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
	Telephone	number			
	<b>Depositories:</b> List all banks or other depositories in which the comn ses or maintains funds.	nittee deposits	funds, holds accounts, rents		
Name of Bank, [	epository, etc.				
	BancorpSouth				
Mailing Address	412 South Main Street				
	Stuttgart	AR	72160-0908		
	CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY A	STATE ▲	ZIP CODE ▲		