

**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

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

ADDRESS (number and street)

1717 E INTERSTATE AVE

☐ (Check if address is changed)

BISMARCK

CITY ▲

ND

STATE ▲

58503-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

jeans@bepc.com

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
11 / 01 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00220269

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 Schafer, Jean, , ,

Signature of Treasurer Schafer, Jean, , ,

[Electronically Filed]









Date

MM / DD / YYYY  
11 / 04 / 2020

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

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

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

NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION NRECA

Mailing Address 4301 WILSON BLVD

ARLINGTON

CITY

VA

STATE

22203-

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ 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 Schafer, Jean, , ,

Mailing Address 8228 Burr Oak Loop

Bismarck

CITY

ND

STATE

58501-9324

ZIP CODE

Title or Position

Custodian of Records

Telephone number 701 - 557 - 5415

## 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 Schafer, Jean, , ,

Mailing Address 8228 Burr Oak Loop

Bismarck

CITY

ND

STATE

58501-9324

ZIP CODE

Title or Position Treasurer

Telephone number 701 - 557 - 5415

Full Name of  
Designated  
Agent

Schafer, Jean, , ,

Mailing Address

8228 Burr Oak Loop

Bismarck

CITY

ND

STATE

58501-9324

ZIP CODE

Title or Position

Designated Agent

Telephone number

701

557

5415

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.

American Bank Center

Mailing Address

320 N 4th St

Bismarck

CITY

ND

STATE

58501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

This amendment is to update the committee's Treasurer, Custodian of Records, Designated Agent, and both the committee's email and secondary email.

Form/Schedule:  
Transaction ID: