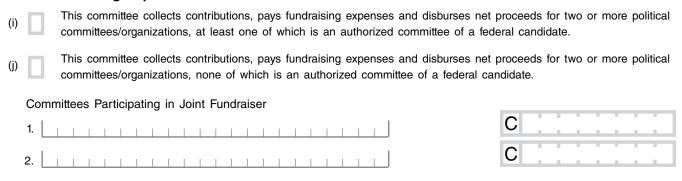
| Image# 202405139645969250 | | | | PAGE 1 / 4 |
|---|--|--|---------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| 1. NAME OF | (Check if name | Example:If typing, type | 12FE4M5 | e Use Only |
| COMMITTEE (in full) | is changed) | over the lines. | 12164M5 | |
| General Mills, Inc. | Political Action Co | ommittee | | |
| | | | | |
| | 799 9th St. NW | | | |
| ADDRESS (number and street) | Suite 260 | | | |
| is changed) | Washington | | | 1 1 1 1 |
| | | | STATE ▲ | |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address | L Erika.Baum@GenMills.con | n | | |
| is changed) | | duaaa | | |
| | Optional Second E-Mail Ad robin@sextonpac.com | | | |
| (Check if address is changed) | | | | |
| . DATE 05 / 00 | | | | |
| B. FEC IDENTIFICATION N | JMBER ► C C | 00062646 | | |
| _ | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined th | nis Statement and to the best | of my knowledge and belief | it is true, correct and c | complete. |
| ino or Print Name of Tracture | • •• • • • • | | | |
| Type or Print Name of Treasure | r <u>Unglaub, Wendy, , ,</u> | | | |
| Signature of Treasurer Ungl | aub, Wendy, , , | | Date 05 | 13 / Y Y Y 2024 |
| NOTE: Submission of false, erron | | may subject the person signing TION SHOULD BE REPORTED | | enalties of 52 U.S.C. §30 |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 | sion F | FEC FORM 1 (Revised 06/2012) |

05/13/2024 09 : 31

| FE | - EC Form 1 (Revised 03/2022) | | Page 2 |
|----|--|---|-------------------------------------|
| 5. | TYPE OF COMMITTEE: | | |
| | Candidate Committee: | | |
| | (a) This committee is a pr | rincipal campaign committee. (Complete the candidate information below. |) |
| | (b) This committee is an a information below.) | authorized committee, and is NOT a principal campaign committee. (Com | uplete the candidate |
| | Name of Candidate | | |
| | Candidate Party Affiliation | Office Sought: House Senate Presider | State |
| | (c) This committee support | rts/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | Party Committee: (d) This committee is a | | emocratic, publican, etc.) Party |
| | Political Action Committee | ∋ (PAC): | |
| | (e) X This committee is a se | eparate segregated fund. (Identify connected organization on line 6.) Its c | connected organization is a: |
| | X Corporation | Corporation w/o Capital Stock | Labor Organization |
| | Membership Orga | anization Trade Association | Cooperative |
| | 🗙 In addition, t | this committee is a Lobbyist/Registrant PAC. | |
| | (f) This committee support committee. (i.e., nonco | rts/opposes more than one Federal candidate, and is NOT a separate se | egregated fund or party |
| | In addition, t | this committee is a Lobbyist/Registrant PAC. | |
| | In addition, t | this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | (g) This committee is an i | independent expenditure-only political committee (Super PAC). | |
| | In addition, t | this committee is a Lobbyist/Registrant PAC. | |
| | (h) This committee is a po | olitical committee with both contribution and non-contribution accounts (H | lybrid PAC). |

Joint Fundraising Representative:



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

| FEC Form 1 (Revised 02/2009) | Page 3 |
|------------------------------|---------------|
| Write or Type Committee Name | |

General Mills, Inc. Political Action Committee

| 6. | Name of Any Connected Or | ganization, Affilia | ted | Com | mit | tee | , Jo | oint | t F | uno | drai | isir | ng I | Rep | ore | ser | nta | ive | , o | r L | ea | de | rshi | р | PAC | ; s | бро | nso | or | |
|----|---------------------------|---------------------|---------|------|------|------|------|------|-----|-----|------|------|------|------|-----|-----|-----|-----|-------|-----|---------|----|------|----|------|-----|-----|-----|-----|-----|
| | General Mills Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 1 General Mills Bo | uleva | ard | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Minneapolis | | | | | | | | | | | | | | L | /N | | | Ľ | 554 | 26 | -134 | 17 | | - [| | | | |
| | | | | Cľ | ΓY . | | | | | | | | | | : | ST | ΥE | | | | | | Z | ΊP | со | DE | E 🔺 | | | |
| | Relationship: X Connected | Organization A | ffiliat | ed C | Orga | niza | tior | n | | J | oint | Fu | ndr | aisi | ng | Re | ore | sen | tativ | /e | | | Le | ad | ersh | ip | PAC |) s | por | SOI |

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

| Baum, E | ika, , , |
|----------------------|---|
| Full Name | |
| Mailing Address | 799 9th Street NW, Suite 260 |
| | |
| | Washington DC 20001 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Custodian of Records | Telephone number 202 - 737 - 8200 |

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 | Unglaub, Wendy, , , |
|---------------------------|---|
| Mailing Address | 1 General Mills Boulevard |
| | |
| | Minneapolis MN 55426-1347 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 7 |
| Treasurer | Telephone number |

| FFC | Form | 1 | (Revised | 02/2009) | |
|-----|---------|---|-----------|----------|--|
| | 1 01111 | | (LIEVISEU | 02/2003) | |

| Full Name of Designated Agent | Sturos, Brian, , , | |
|-------------------------------------|---------------------------------|--|
| Mailing Address | 1 General Mills Blvd | |
| | | |
| | Minneapolis MN55426 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position ▼ | | |
| Assistant Treasur | r Telephone number7632934968 | |

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.

| | Bremer Bank | | |
|-----------------|------------------|----------|------------|
| Mailing Address | 372 St. Peter St | | |
| | | | |
| | St. Paul | MN 55102 | |
| | CITY A | STATE A | ZIP CODE |
| Name of Bank, [| Pepository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |