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) YSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC) PO BOX 2020 ADDRESS (number and street) (Check if address is changed) SPRINGDALE 72765-2020 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jonathan.rushing@tyson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2017 C00169821 FEC IDENTIFICATION NUMBER > 3. X 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. Rushing, Jonathan, , , Type or Print Name of Treasurer Rushing, Jonathan, , , [Electronically Filed] 80 29 2017 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		1 490 0
TYSON FOOD	S INC POLITICAL ACTION COMMITTEE (TYPAC)
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
TYSON FOODS INC.		
Mailing Address	2200 DON TYSON PKWY	
ŭ		
	SPRINGDLAE AR 72765	-
	CITY STATE	ZIP CODE
Relationship: x Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
Relationship.	a Organization Anniated Committee Joint Fundralsing Representative Lee	idership i Ae Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Rushing,	Jonathan, , ,	
	2200 Don Tyson Parkway	
Mailing Address		
	Springdale AR 72762	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name Rushing, of Treasurer	Jonathan, , ,	
Mailing Address	2200 Don Tyson Parkway	
	Springdale	
Title on Decision	CITY STATE	ZIP CODE
Title or Position , Treasurer		

Telephone number

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc.	lds accounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc. ARVEST BANK 415 W EMMA AVE	
safety deposit be Name of Bank,	ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE	-4415
safety deposit be Name of Bank, Mailing Address	ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE	-4415
safety deposit be Name of Bank, Mailing Address	ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE	-4415
safety deposit be Name of Bank, Mailing Address	Depository, etc. ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE Depository, etc.	-4415 -415
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE Depository, etc.	-4415
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. ARVEST BANK 415 W EMMA AVE SPRINGDALE CITY STATE Depository, etc.	-4415 -415