Image# 10990625459

FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGANIZATION | i | |
|-------------------------------|--|--|---------------------------------|
| 1 Ottown 1 | (See instructions) | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name Exampl is changed) over the | le: If typying, type e lines 12FE4M5 |) , |
| Rural America | Policy Committee | | |
| | | | |
| ADDRESS (number and s | P O Box 1161 | | |
| (Check if address | | | |
| is changed) | Sioux Falls | SD SD | 57101 |
| | CITY | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | ADDRESS (Please provide only one e-mail address | 3) | |
| (Check if address is changed) | ruralamericapolicycommittee(| @hotmail.com | |
| io onangoo, | | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | | |
| (Check if address | 1 | | |
| is changed) | | | |
| | | | |
| 2. DATE 0.4 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | C C0042 | 29589 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A) | |
| I certify that I have examin | ed this Statement and to the best of my knowledge and b | pelief it is true, correct and complete | |
| | Bard Batahallan | • | |
| Type or Print Name of | reasurer Paul Batcheller | | |
| Signature of Treasurer | Electronically Filed by Paul Batcheller | Date 04 | 4 21 Y 2010 |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject the p | | |
| Office Use Only | Fe | or further information contact: ederal Election Commission bll Free 800-424-9530 | FEC FORM 1 (Revised 02/2009) |

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|----------------------------|--|---|--|--|--|
| | COMMITTEE (Check One) 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 information below.) | the candidate | | | |
| Name of Candidate | | | | | |
| Candidate Party Affilia | tion Office House Senate President | State District | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party Com | | | | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | |
| Political Ad | ction Committee (PAC): | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: | | | |
| | Corporation Corporation w/o Capital Stock La | abor Organization | | | |
| | Membership Organization Trade Association C | ooperative | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) X | 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. | | | | |
| | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| | | | | | |
| | aising Representative: | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political | | | |
| Cor | nmittees Participating in Joint Fundraiser | | | | |
| | 1. FEC ID number | | | | |
| | 2. FEC ID number | | | | |
| | 3. FEC ID number | | | | |
| | FEC ID number C | | | | |

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|--|---|------------------------------------|------------------------|
| Write or Type Committee Name | | | |
| Rural America Policy | Committee | | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fur | ndraising Representative, or Leade | ership PAC Sponsor |
| Stephanie Herseth | Sandlin | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ▲ | ZIP CODE |
| Relationship: | | | |
| Connected Organization | n Affiliated Committee Jo | int Fundraising Representative X | Leadership PAC Sponsor |
| 7. Custodian of Records: I possession of Committee | dentify by name, address, (phone numbere books and records. | er optional), and position of th | ne person in |
| Full Name Nicol | e Deak | | |
| Mailing Address | PO Box 1161 | | |
| | Sioux Falls | SD | 57101 _– |
| Title or Position ▼ | CITY A | STATE ∆ | ZIP CODE A |
| Office M | | Telephone number 605 | |
| name and address of a | e and address (phone number optionary designated agent (e.g., assistant treas | | ittee; and the |
| Mailing Address | PO Box 1161 | | |
| | Sioux Falls | SD_ | 57101 |
| Title or Position ♥ | CITY A | STATE.▲ | ZIP CODE A |
| Treasur | er | Telephone number 605 | _ 275 _ 8041 |

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|---|--|---------------------------------|---------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| Title or Position ▼ | CITY A | STATE 🛦 | ZIP CODE A |
| | | elephone number | |
| 9. Banks or Other Deposito safety deposit boxes or mai | ries: List all banks or other depositories in which t intains funds. | he committee deposits funds, ho | lds accounts, rents |
| Name of Bank, Depository, | etc. | | |
| Firs | st Bank and Trust | | |
| Mailing Address | PO Box 6000 | | |
| | | | |
| | Brookings | SD | 57006 |
| | CITY 🗻 | STATE △ | ZIP CODE 🛕 |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🙇 | STATE ⊿ | ZIP CODE 🛕 |