FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Electric Cooperatives of Mississippi Action Committee for Rural Electrification POST OFFICE BOX 3300 ADDRESS (number and street) (Check if address is changed) Ridgeland 39158 MS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS callahan@ecm.coop (Check if address is changed) Optional Second E-Mail Address purnell@ecm.coop COMMITTEE'S WEB PAGE ADDRESS (URL) www.ecm.coop (Check if address is changed) DATE 2017 C00004952 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. Callahan, Michael, -, Mr., Type or Print Name of Treasurer Callahan, Michael, -, Mr., [Electronically Filed] 06 2023 Signature of Treasurer Date 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 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) x This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected 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 committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on 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 committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1	C
	C

_	FEC Form 1 (Revised 0	02/2009)	Page 3
٧	Vrite or Type Committee Name		
	Electric Coopera	tives of Mississippi Action Committe	ee for Rural Electrification
6.	Name of Any Connected O Electric Cooperatives	rganization, Affiliated Committee, Joint Fundraising Representations of Mississippi	resentative, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 3300	
		Ridgeland	MS 39158-3300 -
		CITY A	STATE ▲ ZIP CODE ▲
	Relationship: X Connected		g Representative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position	of the person in possession of committee
	Callahan, M	Michael, -, Mr.,	
	Full Name		
	Mailing Address	P.O. Box 3300	
		Ridgeland	MS 39158-3300 -
		CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Ex VP/CEO	Telephone nui	mber 601 - 605 - 8600
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
	Full Name Callahan, M	Michael, -, Mr.,	
	of Treasurer		
	Mailing Address	P.O. Box 3300	
		Ridgeland	MS 39158-3300 - -
	Title or Position ▼	CITY A	STATE ▲ ZIP CODE ▲
	Ex VP/CEO	Telephone nui	mber 601 - 605 - 8600

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position •		
	Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds.	ds, holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	Bancorp South 525 E. Capitol Street	
	Jackson MS STATE A	39201 ZIP CODE ▲
Name of Bank, D	epository, etc.	
	<u> </u>	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint F		
Mailing Address	4301 Wilson Boulevard		
	Arlington	VA VA	22203
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – optional	Joint Fundraising Represent	alive Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership FAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			Leadership FAC Sp
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resignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optiona	al)	
resignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the same of Bank,	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	p Participant:		
1	1		FEC ID number	С
2	2.		FEC ID number	С
3	3.		FEC ID number	C
4	4		FEC ID number	С
	=	Organization, Affiliated Committee, Joint Fundrai		e, or Leadership PAC Sponsor
	Mailing Address	10725 AIRLINE HIGHWAY		
		BATON ROUGE	LA LA	70816
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponso
	ignated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
ľ	Full Name	CITY A	STATE A	ZIP CODE A
ľ	Full Name	CITY A	STATE A	
P. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or maine of Bank,	CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE A
P. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or maine of Bank, ository, etc.	CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE A
P. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or maine of Bank,	CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE A
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P. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or maine of Bank, ository, etc.	CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin ç	ı Participant:	
	1.		FEC ID number C FEC ID number C FEC ID number C FEC ID number C
6.		_	sing Representative, or Leadership PAC Sponsor
	Mailing Address	720 NORTH HIGH SCHOOL ROAD	
	Relationship:	INDIANAPOLIS CITY ▲ Organization Affiliated Committee Joint F	STATE STATE ZIP CODE Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	
	Mailing Address		
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
			ephone Number
	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		ne committee deposits funds, holds accounts, rents
	Mailing Address	1	
	maining / tadiooc		
		CITY A	STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund ON COMMITTEE FOR RURAL ELE		e, or Leadership PAC Spor
Mailing Address	PO BOX 1306		
	(501 BAY DRIVE)		
	GREAT FALLS	MT	59403
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	od Organization X Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
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5(g) o	r(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.	=	_	ising Representative, or Leadership PAC Sponsor
	Mailing Address	P O BOX 608	
		BURLEY	ID 83342
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
	Banks or Other Depositor safety deposit boxes or ma Name of Bank,	ies: List all banks or other depositories in which th ntains funds.	ne committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising					
1.			FEC ID n		C
2.			FEC ID n	umber	C
3.			FEC ID n	umber	С
4.			FEC ID n	umber	С
ame of Any Connected (•		• .		
OKLAHOMA ASSN OF	ELECTRIC COOPERA	TIVES ACTION C	OMMITTEE FC	R RURA	L ELECTRIFICATION
Mailing Address	PO BOX 54309				
	OKLAHOMA CITY	1 1 1 1 1 1 1		OK	73154
Relationship:		CITY A	S	TATE A	ZIP CODE A
Connected		d Committee J	oint Fundraising R	epresentat	ive Leadership PAC
esignated Agent: Identify	Organization X Affiliated			epresentat	ive Leadership PAC
esignated Agent: Identify Full Name	Organization X Affiliated			epresentat	ive Leadership PAC
esignated Agent: Identify	Organization X Affiliated			epresentat	ive Leadership PAC
esignated Agent: Identify Full Name	Organization X Affiliated			epresentat	
esignated Agent: Identify Full Name	Organization	e number – optional)			
esignated Agent: Identify Full Name	Organization Affiliated by name, address (phone	e number – optional)		epresentat	
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated by name, address (phone	e number – optional)		ATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mai	Organization Affiliated by name, address (phone Circular	e number – optional)	STA	ATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated by name, address (phone Circular	e number – optional)	STA	ATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisin	g Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponso
OHIO ACTION CO	OMMITTEE FOR RURAL ELECTRIFI	CATION	
Mailing Address	6677 BUSCH BOULEVARD		
Ü	P O BOX 26036		
	COLUMBUS	ОН	43226
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Spo
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identify Full Name		Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identify Full Name		Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Ative Leadership PAC Spo
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY		
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	control of the positories in which the sintains funds.	STATE A ephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito Deposite boxes or mail	ries: List all banks or other depositories in which taintains funds.	STATE A ephone Number he committee deposit	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito Deposite boxes or mail	ries: List all banks or other depositories in which taintains funds.	STATE A ephone Number he committee deposit	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundrais	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr POWER COOPERATIVE POLITICAL ACTI	= -	
Mailing Address	1717 EAST INTERSTATE AVENUE		
	DICMARCIZ	ND	50504
	BISMARCK	ND ND	58501
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership FAC S
	ify by name, address (phone number – optional)	rundraising nepresent	LeaderShip FAC S
esignated Agent: Ident		rundraising nepresenta	Leadership PAC Sp
esignated Agent: Ident		runuraising nepresenta	Leadership FAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	rundraising nepresenta	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	ed Organization, Affiliated Committee, Joint Fund ECTRIC COOPERATIVE INC EMPLO		e, or Leadership PAC Spons
	LOTRIC GOOT ENATIVE INC LIVIT EO	TLL TAG	
Mailing Address	PO BOX 1234		
u g			
	MONCKS CORNER	SC	29461
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connec	ted Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Iden	ted Organization Affiliated Committee Join Join tify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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Pesignated Agent: Iden Full Name Mailing Address	tify by name, address (phone number – optional) CITY		

FEC Form 1S (Revised 02/2017)

Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	ories: List all bar aintains funds.	nks or other depositories in	which the comm	ittee deposit	s funds, h	olds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all bar aintains funds.	nks or other depositories in	which the comm	ittee deposit	s funds, h	olds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all bar aintains funds.	nks or other depositories in	which the comm	ittee deposit	s funds, h	olds accounts, rents
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Banks or Other Deposito	ories: List all bar aintains funds.	nks or other depositories in	which the comm	ittee deposit	s funds, h	olds accounts, rents
TITLE OR POSITION						
TITLE OR POSITION	•		Telephone N	lumber		
	I ▼	CITY A		STATE ▲		ZIP CODE ▲
			1	1 . 1	1 .	_
Mailing Addiess	<u> </u>					
Mailing Address						
Designated Agent: Identif	y by name, addr	ress (phone number – option	onal)		1 1 1	
				y nopieselli	auvo	Loadership i Ao opo
	d Organization	X Affiliated Committee	Joint Fundraisin		ative	Leadership PAC Spo
Relationship:	AIKEN	CITY A		STATE ▲	2980	ZIP CODE A
	PO BOX 417			60	2000	
Mailing Address	2790 WAGEN					
Name of Any Connected AIKEN ELECTRI	_	Affiliated Committee, Join ATIVE INC PAC	Fundraising Re	presentativ	e, or Lead	lership PAC Sponso
4.			FECT	ווער כי number	C	
1				O number O number	C	
3.				O number	C	
2.					C	

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funda RURAL ELECTRIFICATION (SURE)		e, or Leadership PAC Spons
Mailing Address	P.O.BOX 32170		
	LOUISVILLE	KY KY	40232
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

safety deposit boxes or managery or managery depository, etc.					
Name of Bank, Depository, etc.					
Name of Bank, Depository, etc.					
safety deposit boxes or ma					
Banks or Other Deposito			ries in which the co	mmittee deposit	s funds, holds accounts, rents
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			Telepho	ne Number	
TITLE OR POSITION	•	CITY A		STATE ▲	ZIP CODE ▲
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, ade	ldress (phone number -	- optional)		
Connected	d Organization	* Affiliated Committe	e Joint Fundr	aising Represent	ative Leadership PAC Spo
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	JEFFERSC	ON CITY		MO	65101
Maining Addiess					
Mailing Address	2722 EAST	Γ MCCARTY			
=	_		_	-	e, or Leadership PAC Sponso (FKA MISSOURI ACRE)
4.				EC ID number	C
3.				EC ID number	C
3.				EC ID number	C
2.					

FEC Form 1S (Revised 02/2017)

n). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
	N COMMITTEE FOR RURAL ELEC		
1			
Mailing Address	509 EAST CARTHAGE		
	PO BOX 790		
	MEADE	, KS	67864
Relationship:	CITY A	STATE A	ZIP CODE A
		• • • • • • • • • • • • • • • • • • • •	0022
	d Organization Affiliated Committee Joi	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional)		
esignated Agent: Identif	by by name, address (phone number – optional) CITY	STATE A	
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Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h

n). Joint Fundraising	•			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	Organization, Affiliated Com		aising Representativ	e, or Leadership PAC Spor
WYOMING RURA	_ ELECTRIC ASSOC	IATION PAC		
Mailing Address	2312 CAREY AVENUE			
	CHEYENNE		WY	82001
Relationship:	CITY	′ ▲	STATE ▲	ZIP CODE ▲
	Organization	ommittee Joint	Fundraising Representa	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
GREAT RIVER E	ENERGY ACTION TEAM		
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	1	
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY		ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank,	CITY A pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A