PAGE 1 / 4 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Riceland Foods, Inc. PAC P.O. Box 927 ADDRESS (number and street) (Check if address is changed) Stuttgart 72160 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kmcgilton@riceland.com (Check if address is changed) Optional Second E-Mail Address pamadsen@riceland.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00220053 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. McGilton, Kevin, E., , Type or Print Name of Treasurer McGilton, Kevin, E.,, [Electronically Filed] 04 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 Only Local 202-694-1100

| EEC E | nrm 1 (Revised 02/2009) | Page 2 |
|----------------------------|--|---|
| | COMMITTEE | raye Z |
| Candidat | e 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. (Cominformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affilia | Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Co | | |
| (d) | · · · | (Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nected organization is |
| | 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 secommittee. (i.e., nonconnected committee) | egregated fund or part |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fun | draising 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. | vo or 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. | o or more political |
| Cor | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number C | |
| 3. | FEC ID number C | |
| 4. | | |

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|---|--|-----------------------------------|
| Write or Type Committee Nam | | r age |
| Riceland Foods | | |
| | Organization, Affiliated Committee, Joint Fundraising Representative | e, or Leadership PAC Sponsor |
| | | |
| Riceland Foods, Inc. | | |
| Mailing Address | P. O. Box 927 | |
| maining reaction | Stuttgart AR CITY STATE | 72160-0927 ZIP CODE |
| Relationship: X Connecte | ed Organization Affiliated Committee Joint Fundraising Represent | tative Leadership PAC Sponsor |
| Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the | person in possession of committee |
| Madsen, | Penni, , , | |
| Full Name Mailing Address | P.O. Box 927 | |
| | | |
| | Stuttgart | 72160-0927 |
| Title or Position | CITY STATE | ZIP CODE |
| Admin. Assistant | Telephone number | 870 - 673 - 5354 |
| Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee assistant treasurer). | e; and the name and address of |
| Full Name McGilton, of Treasurer | , Kevin, E., , | |
| Mailing Address | P. O. Box 927 | |
| | | |
| | Stuttgart | 72160-0927 |
| Title or Position | CITY STATE | ZIP CODE |
| Secretary/Treasurer | Telephone number | 870 - 673 - 5520 |

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|---|---|----------------------------|
| | | |
| Full Name of Designated Agent | 1 | |
| Mailing Address | | |
| J | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit b | r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. | lds accounts, rents |
| safety deposit b Name of Bank, | Depository, etc. BancorpSouth 1412 South Main Street | olds accounts, rents |
| safety deposit b | Depository, etc. BancorpSouth 1412 South Main Street | olds accounts, rents |
| safety deposit b Name of Bank, | Depository, etc. BancorpSouth 1412 South Main Street | |
| safety deposit b Name of Bank, | Depository, etc. BancorpSouth 412 South Main Street | |
| safety deposit b Name of Bank, | Depository, etc. BancorpSouth 412 South Main Street Stuttgart CITY STATE | -0908 |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. BancorpSouth 412 South Main Street Stuttgart CITY STATE | -0908 -090B |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. BancorpSouth 412 South Main Street Stuttgart CITY STATE Depository, etc. | -0908 - ZIP CODE |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. BancorpSouth 412 South Main Street Stuttgart CITY STATE Depository, etc. | -0908 - ZIP CODE |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. BancorpSouth 412 South Main Street Stuttgart CITY STATE Depository, etc. | -0908 - ZIP CODE |