2024 - 04 - 05 - 03 - 00465585

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

11

| FORIVI 1 | | | 2024 APR-5 - AM 11: 15 |
|-----------------------------------|-------------------------------|--|---|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 |
| Aiken Electric Cooperativ | ve, Inc. PAC | | <u> </u> |
| <u> </u> | _1_1_1_1_1_1_1_1_1_ | | |
| ADDRESS (number and street) | PO Box 417 | 1 | |
| (Check if address is changed) | 2790 Wagener Road | | |
| | Aiken | | STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | :SS | | |
| ☐ ◀ (Check if address is changed) | | ! | |
| | Optional Second E-Mail Add | dress | |
| | | | |
| is changed) | | | |
| 2. DATE 04 02 | 2024 | | |
| 3. FEC IDENTIFICATION N | UMBER ▶ C C | 00398255 | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief i | t is true, correct and complete. |
| Type or Print Name of Treasure | April M Collins | 1 1 | |
| Signature of Treasurer | | Щ | Date 04 ^M / 02° / 2024 |
| NOTE: Submission of false, error | | may subject the person signing | this Statement to the penalties of 52 U.S.C. §3 WITHIN 10 DAYS. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 | |

| FEC Form 1 (Revised 03/2022) | Page 2 |
|--|---|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate infor | rmation below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign co information below.) | mmittee. (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House Senate | President State District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized | |
| 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) This committee is a separate segregated fund. (Identify connected organization o | on line 6.) Its connected 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 committee. (i.e., nonconnected committee) | 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 li | ne 6.) |
| (g) This committee is an independent expenditure-only political committee (Super PA | 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 recommittees/organizations, at least one of which is an authorized committee of a | • |
| (j) This committee collects contributions, pays fundraising expenses and disburses r committees/organizations, none of which is an authorized committee of a federal | |
| Committees Participating in Joint Fundraiser | |
| 1. | C |
| | |

| Γ | - | | |
|----|--|--|--------------------|
| _ | FEC Form 1 (Revised 0 | 03/2022) | Page 3 |
| | rite or Type Committee Name | | |
| | Aiken Electric Cooperativ | ve, Inc. PAC | |
| 6. | Name of Any Connected O | organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F | PAC Sponsor |
| | National Rural Electric | Cooperative Association America's Electric Cooperatives PAC | لــــــا |
| | | | |
| | Mailing Address | 4301 Wilson BLVD | للسلسل |
| | | | لسنسب |
| | | Arlington VA 22203 |]-[|
| | • | CITY ▲ STATE ▲ ZIP | CODE A |
| | , Relationship: Connected | Organization Affiliated Organization Joint Fundraising Representative Leade | irship PAC Sponsor |
| 7. | Custodian of Records: Ident books and records. | tify by name, address (phone number optional) and position of the person in possession of | committee |
| | Full Name | | |
| | Mailing Address | | |
| | | | |
| | | | <u> </u> |
| | • | CITY ▲ STATE ▲ ZIP | CODE ▲ |
| | Title or Position ▼ | | |
| | | Telephone number | J |
| 8. | Treasurer: List the name and any designated agent (e.g., a | nd address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer). | and address of |
| | Full Name of Treasurer | | |
| | Mailing Address | | |
| | | | لببب |
| | | | 1 |
| | | CITY ▲ STATE ▲ ZIP | CODE A |
| | Title or Position ▼ | | |
| _ | | Telephone number |]-[|

| | | • | | |
|----|---------------------------------------|---|-------------------------|-------------------|
| | FEC Form | (Revised 03/2022) | | Page 4 |
| | Full Name of Designated | | | |
| | Agent | | | |
| | Mailing Address | | | |
| | • | | | |
| | | | | |
| | , | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position | • | SIAIL | ZIF CODE = |
| | | Telephone nur | mber | |
| 9. | Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the committeexes or maintains funds. | ee deposits funds, hold | s accounts, rents |
| | Name of Bank, I | Depository, etc. | | |
| | | | 1 1 1 1 1 1 1 | |
| | Mailing Address | | | |
| | | | | |
| | | 1 | | |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |
| | · · · · · · · · · · · · · · · · · · · | | SIAIL | |
| | Name of Bank, | Depository, etc. | | |
| | | <u> </u> | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

(i) or (j), 6, 8 and/or 9 Page <u>5</u> of <u>18</u>

| 5(i) or (j) | . Joint Fundraisin | g Participant: |
|--------------------|--|--|
| | 1. | FEC ID number |
| | 2. | FEC ID number |
| | | FEC ID number |
| | 3. | FEC ID number |
| _ | 4. | TEO ID HUMBER |
| 6. N a | ame of Any Connected | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor |
| ١ | Idahp Action Commit | ee for Rural Electrification - Idaho Cooperative Utilities Association |
| İ | | |
| | Mailing Address | PO Box 608 |
| | | PQ Box 608, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Вµгіеу |
| | Relationship: | CITY ▲ STATE ▲ ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor |
| 8. De | esignated Agent: Identify | by name, address (phone number - optional) |
| | Full Name | |
| | Mailing Address | |
| | | |
| | | |
| | TITLE OR POSITION | ▼ CITY ▲ STATE ▲ ZIP CODE ▲ |
| | | Telephone Number |
| 9. Ba sa | inks or Other Depositor fety deposit boxes or mai | ies: List all banks or other depositories in which the committee deposits funds, holds accounts, rents ntains funds. |
| | me of Bank, epository, etc. | |
| | Mailing Address | |
| | | |
| | | |
| | | CITY A STATE A ZIP CODE A |

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page 6 of 18

| 5(i) or (j) | . Joint Fundraisin | g Participant: | | |
|---------------|---------------------------------------|---|---|--|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4 | | FEC ID number | C |
| _ | | | | |
| 6. Na | | Organization, Affiliated Committee, Joint Fundral | | |
| l | Indiana ACRE/India | nna Statewide Association of Electric Goope | ratives DBA Ind | ana Electric Cooperatives |
| l | LPAÇ | | | |
| | Mailing Address | 8888 Keystone Crossing, Suite 1600 | | |
| | • • • • • • • • • • • • • • • • • • • | | | |
| | | Landinapolio | 1 1 1 1 1 1 | 1,0040 |
| | Relationship: | Indianapolis CITY ▲ | LIN STATE ▲ | 46240; |
| | _ | - / - | Fundraising Represen | |
| _ | Connected | Joint P | unuraising nepresen | Leadership FAC Sporison |
| 8. D e | esignated Agent: Identify | y by name, address (phone number – optional) | | |
| | Full Name | | | |
| | | | <u> </u> | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Tele | ephone Number | |
| _ | : | | | |
| | anks or Other Deposito | ries: List all banks or other depositories in which thaintains funds. | ne committee depos | its funds, holds accounts, rents |
| NI. | ame of Bank, | | | |
| | epository, etc. | | | |
| | Mailing Address | <u>Licia i i i i i i i i i i i i i i i i i i</u> | | |
| | | | <u> </u> | <u>.1. </u> |
| | | | | |
| ı | | CITY A | STATE ▲ | ZIP CODE ▲ |

Page <u>7</u> of <u>18</u>

| 5(i) o | r(j). Joint Fundrais i | ng Participant: | | | | |
|--------|---|-----------------|-----------------------------|--|---|--|
| | 1 | | | FEC FEC | ID number ID number ID number ID number | Colors and the same service of the same servic |
| 6. | Name of Any Connected | d Organization, | Affiliated Committee, Joi | nt Fundraising R | epresentativ | e, or Leadership PAC Sponsor |
| | Kanşaş Action Com | mittee for Rur | al Electrification 📗 👢 | | | |
| | | | | | <u>il.</u> . | |
| | Mailing Address | РО Вох 7 | 90, , , , , , , , , , | | | |
| | , | РО Вох 7 | 90, , , , , , , , | | | |
| | | Meade | | | [K\$] | 67864 - - |
| | Relationship: | | CITY ▲ | • | STATE A | ZIP CODE ▲ |
| | Connecte | ed Organization | Affiliated Committee | Joint Fundraisi | ing Represent | ative Leadership PAC Sponsor |
| 8. | Designated Agent: Identi | fy by name, add | lress (phone number – op | ional) | | |
| | Full Name | | | | 1 1 1 1 | 4 1 1 1 1 1 1 1 1 1 |
| | * Mailing Address | <u> </u> | | | | |
| • | | | | | 1 1 1 | |
| | | | | | | <u> </u> |
| | TITLE OR POSITION | ! ∀ | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | Lilia | | | Telephone | Number | |
| | Banks or Other Deposite safety deposit boxes or m | | nks or other depositories i | n which the comr | nittee deposit | s funds, holds accounts, rents |
| | Depository, etc. | | | | | |
| | Mailing Address | | | | 1111 | |
| | | سيبا | | <u> </u> | 1111 | |
| | | سيبا | | | لـــا | |
| 1 | | | CITY A | | STATE ▲ | ZIP CODE ▲ |

Page <u>8</u> of <u>18</u>

| 5(i) or | (j). Joint Fundraisin | g Participant: | | | |
|------------------|---|--|--|----------------------------|--------------------------------|
| 2(,, 0) | 1. | | FEC ID | number number number | C C |
| - 6. l | 4 | Organization, Affiliated Committee, Joint Fund | · · | number resentativ | e, or Leadership PAC Sponsor |
| | Speak µp _i for Rural Ę | lectrification | | | |
| | | | | | |
| | Mailing Address | PO BOX 32170 | 1111 | | |
| | | PO BOX 32170 | | | |
| | Relationship: | Louisville CITY ▲ | للبلل | STATE A | 40232 |
| | Connected | Organization Affiliated Committee | nt Fundraising | | tre. |
| B. (| Designated Agent: Identify | by name, address (phone number - optional) | | | |
| | Full Name | | | | |
| • | Mailing Address | | | 111 | |
| | | | | | |
| | TITLE OR POSITION | CITY A | السا | STATE A | ZIP CODE ▲ |
| | Lilia | 1 | Telephone Nu | ımber | |
| | Banks or Other Depositor afety deposit boxes or ma | ries: List all banks or other depositories in which intains funds. | h the committ | ee deposit | s funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | | _1_1_ | |
| | Mailing Address | | للللل | | |
| | | | | | |
| | | | | ليا | السال-السلام |
| | | CITY A | S | STATE A | ZIP CODE ▲ |

Page 9 of 18

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| 00466 |
| Commo |
| Sales. |
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| 5(i) or (j). | . Joint Fundraisin | Participant: | | | |
|---------------|----------------------------|----------------------------|---|---------------------------------------|---------------------------------|
| | 1. | | | FEC ID number | C) |
| | 2. | | | FEC ID number | C and the second section has to |
| | 3. | | | FEC ID number | C |
| | 4. | | | FEC ID number | C |
| 6. N a | ame of Any Connected | Organization, Affiliated (| Committee, Joint Fundrals | sing Representativ | e, or Leadership PAC Sponsor |
| į | Louisiana, Action Com | mitteeլforլ Rural Electr | rification I I I I I I | <u> </u> | |
| l | <u> </u> | | | | |
| | Mailing Address | 10725 Airline Hwy | | | |
| | | 10725 Airline Hwy | | <u> </u> | |
| | | Baton Rouge | <u> </u> | LA | 70816 |
| | Relationship: | LT%: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | Organization Affiliate | ed Committee Joint Fo | undraising Represent | ative Leadership PAC Sponsor |
| 8. De | signated Agent: Identify | by name, address (phon | e number – optional) | | |
| | Full Name | | | | |
| | Mailing Address | | | | |
| | | | | <u> </u> | |
| | | | | ليا لي | السال-السا |
| | TITLE OR POSITION | ▼ | ITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | Tele | phone Number | |
| saf | fety deposit boxes or mai | | er depositories in which the | e committee deposi | s funds, holds accounts, rents |
| | me of Bank, pository, etc. | | | 11111 | |
| | Mailing Address | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| l | | c | <u> </u> | STATE ▲ | ZIP CODE A |

Page 10 of 18

| or (j). ' Joint Fundrais | ing Participant: |
|---|--|
| | Frankling of the Control of the Cont |
| 1. | FEC ID number |
| 2. | FEC ID number |
| 3. | FEC ID number |
| 4 | FEC ID number |
| Name of Any Connecte | d Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |
| Great River Energy | Action Team (GREAT) |
| | |
| Mailing Address | 12300 Elm Greek Blyd |
| | 12300 Elm Greek Blyd |
| | Maple Grove |
| | |
| Relationship: | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Connect | CITY ▲ STATE ▲ ZIP CODE ▲ ed Organization |
| Designated Agent: Ident | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons |
| Connect Designated Agent: Ident | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons |
| Designated Agent: Ident | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons ify by name, address (phone number – optional) |
| Designated Agent: Ident Full Name Mailing Address | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons ify by name, address (phone number – optional) |
| Designated Agent: Ident | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons ify by name, address (phone number – optional) |

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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| 5(i) or (| j). Joint Fundraisin | g Participant: | | |
|-------------|---|--|--------------------------|--------------------------------|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3 | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| 6. N | Name of Any Connected | Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Sponsor |
| | Missouri Electric Co | ooperative Political Action Committee | | |
| | <u></u> | | | |
| | Mailing Address | PO ₁ Box 1645 | | |
| | | | | |
| | Relationship: | Jefferson City, , , , , , , , , , , , , , , , , , , | MO STATE ▲ | 65102 - |
| | | - / - | - | _ |
| _ | Connected | d Organization Affiliated Committee Join | nt Fundraising Represent | Leadership PAC Sponsor |
| 8. C | Designated Agent: Identify | y by name, address (phone number - optional) | | |
| | Full Name | | | |
| | Mailing Address | | | |
| | · | | | |
| | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | 1 | Telephone Number | |
| | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which sintains funds. | n the committee deposit | s funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| ı | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

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| 5(i) or (j |). Joint Fundraisin | Participant: | | | | | | |
|---------------|---|---------------------------------------|--|--|--|--|---------------|----------|
| -(,, | 1. | | 1 1 1 1 1 1 | , FE | C ID number | C | | |
| | 2. | | | FE | C ID number | C | | |
| | 3. | · · · · · · · · · · · · · · · · · · · | | ار ارا FE | C ID number | C | | |
| | 4. | | | FE FE | C ID number | C | | |
| 6. N | lame of Any Connected | Organization, Affiliat | ed Committee, Joi | nt Fundraising | Representativ | e, or Leadersh | ip PAC Spor | nsor |
| | Electric Cooperatives | of Mississippi Acti | on Committee for | Rural _l Electri | fiçation | | | <u> </u> |
| | <u> </u> | | | | | 1 1 1 1 | 1111 | 1 |
| | Mailing Address | РО Вох 3300 | | | | | 1111 | لب |
| | | PO Box 3300 L | _1 | <u> </u> | .1 1 1 1 | <u> </u> | .1 1 1 1 | لــــا |
| • | Relationship: | Ridgeland I I | CITY A | | MS STATE ▲ | [39158 | IP CODE ▲ | لــــا |
| | Connected | Organization Aff | filiated Committee | Joint Fundra | aising Represent | LPTSR: | dership PAC S | ponsor |
| 8. D | esignated Agent: Identify | by name, address (p | hone number – opt | ional) | | | | |
| | Full Name | <u> </u> | | | | | | ш |
| | Mailing Address | | | <u> </u> | 1111 | | | لــــا |
| | | | | 1.1.1.1.1 | | <u>_l _l _l _l _l _</u> | <u> </u> | |
| | | | 1 1 1 1 1 1 | <u> </u> | | | |] |
| | TITLE OR POSITION | ▼ | CITY A | | STATE ▲ | ZIP | CODE A | |
| | | | | Telephor | e Number | | | لـــا |
| 9. B a | anks or Other Depositor afety deposit boxes or mai | es: List all banks or ntains funds. | other depositories i | n which the co | mmittee deposit | s funds, holds | accounts, ren | nts |
| | ame of Bank, epository, etc. | | | | | | | لـــا |
| | Mailing Address | | | | | | | لــــا |
| | | | 1. | | | <u> </u> | | لــــا |
| | | | | <u> </u> | لــا ل | | ⊥]-L⊥ | لـنــا |
| 1 | | | CITY A | | STATE ▲ | ZIP | CODE A | 1 |

Page 13 of 18

| 5(i)or(j). Joint Fundraisir | ng Participant: | | | | | |
|--|---|-------------------------|---|--|--|---|
| 1 | | | FEC | C ID number | C | |
| 2 | | 11111 | FEC | C ID number | C | |
| 3. | | <u> </u> | FEC | D ID number | C | |
| 4. | _ <u> _ _ _ </u> | <u> </u> | FEC | C ID number | C | |
| 6. Name of Any Connected | l Organization, Af | filiated Committee, Joi | nt Fundraising | Representativ | e, or Leadership PAC Sponso | r |
| Montana Action Com | nmittee for Rural | Electrification | | <u> </u> | | لــــــــــــــــــــــــــــــــــــــ |
| . لىنىنىن | - | | | | | لــا |
| Mailing Address | РО Вох 1300 | 6 | | | | لــــا |
| | РО Вох 130 | 6 | | | | لـــا |
| | Great Falls | | | <u>[MT</u> | 59403 - | لـــا |
| Relationship: | | CITY A | | STATE A | ZIP CODE A | |
| Connecte | d Organization | Affiliated Committee | Joint Fundrai | sing Represent | ative Leadership PAC Spon | nsor |
| 8. Designated Agent: Identify | y by name, addres | ss (phone number – op | tional) | | | |
| Full Name | | | | <u> </u> | | Ш |
| Mailing Address | | | | | | Ш |
| | | | | | | لـــا |
| | | | · | ا ا | ــــا-لـــــا | لــا |
| TITLE OR POSITION | ▼ . | CITY A | | STATE ▲ | ZIP CODE A | |
| | | | Telephone | Number | | لــا |
| Banks or Other Deposito safety deposit boxes or ma | | s or other depositories | in which the con | nmittee deposi | ts funds, holds accounts, rents | |
| Name of Bank, Depository, etc. | | | | | | لـــا |
| Mailing Address | | | <u> </u> | | | لــا |
| | ليبيا | | | | | لــا |
| • | | CITY ▲ 、 | | STATE A | ZIP CODE A | لــا |

Page <u>14</u> of <u>18</u>

| 5(i) or (j) | . Joint Fundralsin | g Participant: | | | | |
|---------------|---|----------------|--|-------------------|--|--|
| | 1. | | | FEC | ID number | C |
| | 2. | <u></u> | | FEC | ID number | C |
| | 3. | | 1. | FEC | ID number | C |
| | 4. | 1.1.1.1.1 | | FEC | ID number | |
| 6. N a | ame of Any Connected | Organization, | Affiliated Committee, Jo | int Fundralsing R | epresentativ | e, or Leadership PAC Sponsor |
| l | Basin Electric Power | Cpoperative | Pqlitical, Action Comm | ittee (Basin Elec | tric PAC) | |
| l | | | | | - | |
| | Mailing Address | 1717 E, In | terstate Ave | | | · · · · · · · · · · · · · · · · · · · |
| | | 1717 E. In | terstate Ave | | | |
| | | Bismark | | لىسىد | ND | 58503 |
| | Relationship: | | CITY ▲ | | STATE A | ZIP CODE ▲ |
| | Connected | d Organization | Affiliated Committee | Joint Fundrais | ng Represent | ative Leadership PAC Sponso |
| 8. De | esignated Agent: Identify | by name, add | dress (phone number – op | etional) | | |
| | Full Name | | | | 1_1_1_ | |
| | Mailing Address | سيبا | | | | |
| | | سسا | | | <u> </u> | <u></u> |
| | | | | | لـــا | <u> </u> |
| | TITLE OR POSITION | ▼ | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | | | | Telephone | Number _ | |
| | inks or Other Depositor fety deposit boxes or ma | | inks or other depositories | in which the comm | nittee deposi | ts funds, holds accounts, rents |
| | epository, etc. | | | | | |
| | Mailing Address | لسسا | | | 1111 | |
| | | سسسا | | | | |
| i | | لسسا | CITY A | | STATE A | ZIP CODE ▲ |

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| 5(i) oı | r(j). Joint Fundralsin | g Participant: | |
|---------|--|--|---|
| | 1. | | FEC ID number |
| | 2. | | FEC ID number C |
| | 3. | | FEC ID number C |
| | 4. | | FEC ID number C |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundra | ising Representative, or Leadership PAC Sponsor |
| | Ohiq Action Committ | ee for Rural Electrification (ACRE)(Ohio Ryra | Electric Cooperatives, Inc./National Rural |
| | Electric Cpoperative | Association | |
| | Mailing Address | 6677 Busch Blyd | |
| | | 6677 Busch Blyd | |
| | Polotionohin | Columbus | OH 43229 - |
| | Relationship: | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| , | Connected | d Organization 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 ▲ |
| | | i | phone Number |
| | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which the intains funds. | e committee deposits funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | • | CITY ▲ | STATE ▲ ZIP CODE ▲ |

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| 5(i) o | r(j). Joint Fundraisi | ng Participant: | | | | | |
|--------|---|--|--------------------------|--|-------------|--------------|--------------------------------|
| | · 1. L | | <u> </u> | لبيا | FEC ID | number | C |
| | 2. | | | | FEC ID | number | C |
| - | 3. | | - | | FEC ID | number | C |
| | 4. | | | | FEC ID | number | C |
| 6. | Name of Any Connected | d Organization, A | Affiliated Committee, | Joint Fundra | ising Repr | resentativ | e, or Leadership PAC Sponsor |
| | Oklahoma Associati | on of Electric C | Copperatives ACRE | | | 444 | |
| | L | | | | <u> </u> | 1.1.1 | |
| | Mailing Address | 2325 E ₁ 1-44 | 4 Serviçe Rd | 1_1_1_ | <u> </u> | | |
| | | 2325 E ₁ 1-44 | 4 Service Rd | | | | |
| | Relationship: | Oklahoma | City CITY ▲ | | لیا | OK STATE A | 73111 ZIP CODE ▲ |
| | , as mile. | ed Organization | Affiliated Committee | Joint F | | | |
| 8. | Designated Agent: Identif | fy by name, addr | ress (phone number – | optional) | | | |
| | Full Name | | | | | | |
| | Mailing Address | <u> </u> | | <u> </u> | | 1-1-1- | |
| | | | <u> </u> | 1_1_1_1 | <u> </u> | 1.1.1. | <u> </u> |
| | | | <u> </u> | <u> </u> | . لـنـا | | <u> </u> |
| | TITLE OR POSITION | 1 🔻 | CITY A | | s | TATE A | ZIP CODE A |
| | | | 11111 | Tele | ephone Nu | mber | ـــا-لـــا-لـــــ |
| 9. | Banks or Other Deposite safety deposit boxes or m | | nks or other depositorie | es in which th | ne committe | ee deposit | s funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | | 1 | | <u>.i.</u> l | |
| | Mailing Address | | | للبلبل | | 111. | |
| | | Lilia | | | | | |
| | | | | | لب | لــا | <u> </u> |
| 1 | | | CITY A | | s | TATE ▲ | ZIP CODE ▲ |

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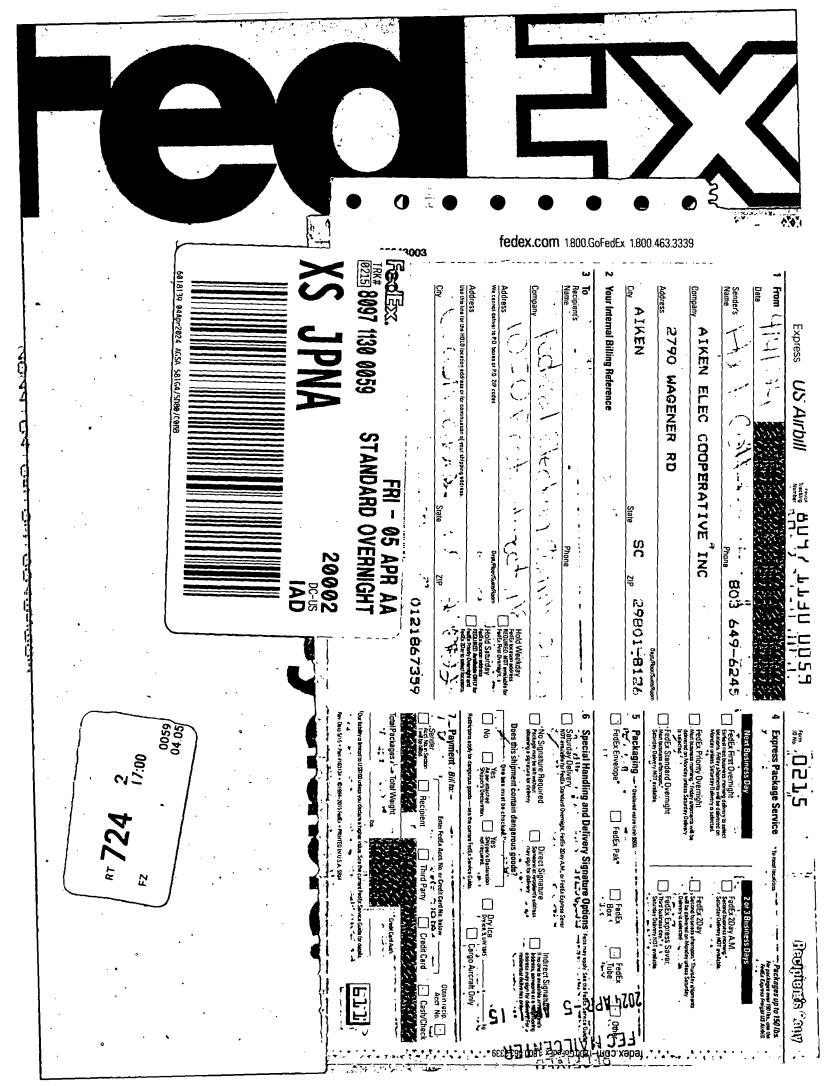
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|------------|---|--|---|
| 5(i) c | or(j). Joint Fundralsi i | ng Participant: | |
| | 1. | | FEC ID number |
| | 2 | | FEC ID number |
| | 3. | | FEC ID number |
| | 4. | | FEC ID number |
| 3 . | Name of Any Connected | Organization, Affiliated Committee, Joint Fund | Iralsing Representative, or Leadership PAC Sponsor |
| | Berkeley Electric Co | pperative Inc., Employee, PAC | |
| | | | |
| | Mailing Address | PO Box 1234 | |
| | | PO Box 1234 | |
| | Relationship: | Moncks Gorner | |
| | Connecte | jumas. grana | nt Fundraising Representative Leadership PAC Spons |
| 3. | Designated Agent: Identif | y by name, address (phone number – optional) | |
| | Full Name | | |
| | Mailing Address | | |
| | | | |
| | | | سا-لسا ليا ليي |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ ZIP CODE ▲ |
| | | | elephone Number |
| €. | Banks or Other Deposito safety deposit boxes or ma | | the committee deposits funds, holds accounts, rents |
| | Depository, etc. | | |
| | Mailing Address | | |
| | | | |
| | | | |
| i | | CITY A | STATE ▲ ZIP CODE ▲ |

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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| 5(i) or (j). | Joint Fundraising | Participant: | | |
|---|--------------------------|---|-----------------------|------------------------------|
| 1. | | | FEC ID number | C |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
| 4. | للسلسا | | FEC ID number | C |
| 6. Name | e of Any Connected C | Organization, Affiliated Committee, Joint Fundral | sing Representative | e, or Leadership PAC Sponsor |
| [W | yoming Rural Electri | iç Aşsociation PAC | | |
| L | <u> </u> | | | |
| · | Mailing Address | 2312 Carey Ave | | |
| | | 2312 Carey Ave | | |
| | | Cheyenne | L WY | 82001 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE A |
| | Connected | Organization Affiliated Committee Joint F | undraising Representa | tive Leadership PAC Sponsor |
| B. Desig | nated Agent: Identify I | by name, address (phone number – optional) | | |
| Fi | ull Name | | | |
| М | ailing Address | | | |
| | | | | |
| | | <u> </u> | ليا ليا | <u> </u> |
| . т | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| L | | Tele | phone Number | لــــا-لـــا |
| 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. | | | | |
| | of Bank, sitory, etc. | | | |
| | Mailing Address | | | |
| | 3 | | | |
| | J | | | |



| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | | |
|---|---|--|--|--|
| Hand Delivered | Date of Receipt | | | |
| USPS First Class Mail | Date of Receipt | | | |
| USPS Registered/Certified | Postmarked (R/C) | | | |
| USPS Priority Mail | Postmarked | | | |
| USPS Priority Mail Express | Postmarked | | | |
| Postmark Illegible | | | | |
| No Postmark | | | | |
| Overnight Delivery Service (Specify): Fed EX | Shipping Date Date of Receipt 4.4.24 A 5.24 Next Business Day Delivery | | | |
| Received via FAX | Date of Receipt | | | |
| Received via Email | Date of Receipt | | | |
| Received from Electronic Filing Office | Date of Receipt ce | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | |
| JAM | 4.5.24 | | | |
| PREPARER (4/2023) | DATE PREPARED | | | |