

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2024 APR -5 - AM 11:15

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Aiken Electric Cooperative, Inc. PAC

ADDRESS (number and street)

PQ Bpx 417

(Check if address is changed)

2790 Wagener Road

Aiken

CITY ▲

SC

STATE ▲

29802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 02 / 2024

3. FEC IDENTIFICATION NUMBER

C 00398255

4. 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.

Type or Print Name of Treasurer

April M Collins

Signature of Treasurer

Date

04 / 02 / 2024

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 Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 03/2022)

UNRECORDED - INFO - 800 - 424 - 9530

5. TYPE OF COMMITTEE:

Candidate 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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized 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)  This committee is a separate segregated fund. (Identify connected organization 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 a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
- (g)  This committee is an independent expenditure-only political committee (Super PAC).
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (h)  This committee is a political committee with both contribution and non-contribution 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 net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_  
 C \_\_\_\_\_

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

Aiken Electric Cooperative, Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

National Rural Electric Cooperative Association America's Electric Cooperatives PAC

Mailing Address 4301 Wilson BLYD

Arlington VA 22203

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

2025 RELEASE UNDER E.O. 14176

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. 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.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

2024-03-14 10:10:00 AM



5(i) or (j). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Indiana ACRE/Indiana Statewide Association of Electric Cooperatives DBA Indiana Electric Cooperatives  
PAC

Mailing Address 8888 Keystone Crossing, Suite 1600

Indianapolis IN 46240 -

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. **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.

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

5(i) or (j). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint 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 ▲

Telephone Number  -  -

9. **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.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

NON-PROFIT ORGANIZATION

5(i) or (j). **Joint Fundraising Participant:**

1. \_\_\_\_\_

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FEC ID number

FEC ID number

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FEC ID number

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Speak up for Rural Electrification

\_\_\_\_\_

Mailing Address

PO BOX 32170

PO BOX 32170

Louisville

KY

40232

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint 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 ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

9. **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.

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

NONPROFIT ORIGIN



5(i) or (j). **Joint Fundraising Participant:**

1. \_\_\_\_\_

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FEC ID number  C

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FEC ID number  C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Louisiana Action Committee for Rural Electrification

\_\_\_\_\_

Mailing Address 10725 Airline Hwy

10725 Airline Hwy

Baton Rouge LA 70816

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_

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Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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CITY ▲ STATE ▲ ZIP CODE ▲

UNFOUNDED IN 1950

5(i) or (j). Joint Fundraising Participant:

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FEC ID number

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FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Great River Energy Action Team (GREAT)

\_\_\_\_\_

Mailing Address

- \_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. 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.

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176





5(i) or (j). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Montana Action Committee for Rural Electrification

Mailing Address

PO Box 1306

PO Box 1306

Great Falls

MT

59403

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_

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Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

5(i) or (j). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Basin Electric Power Cooperative Political Action Committee (Basin Electric PAC)

\_\_\_\_\_

Mailing Address 1717 E Interstate Ave

1717 E Interstate Ave

Bismark  CITY ▲ ND  STATE ▲ 58503  -  ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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TITLE OR POSITION ▼ \_\_\_\_\_ CITY ▲ \_\_\_\_\_ STATE ▲ \_\_\_\_\_ ZIP CODE ▲ \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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CITY ▲ \_\_\_\_\_ STATE ▲ \_\_\_\_\_ ZIP CODE ▲ \_\_\_\_\_

2025 RELEASE UNDER E.O. 14176

5(i) or (j). Joint Fundraising Participant:

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Ohio Action Committee for Rural Electrification (ACRE)/Ohio Rural Electric Cooperatives, Inc./National Rural  
Electric Cooperative Association

Mailing Address 6677 Busch Blvd  
6677 Busch Blvd  
Columbus OH 43229 -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
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CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

5(i) or (j). **Joint Fundraising Participant:**

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FEC ID number  C \_\_\_\_\_

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FEC ID number  C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Oklahoma Association of Electric Cooperatives-ACRE

Mailing Address 2325 E I-44 Service Rd

2325 E I-44 Service Rd

Oklahoma City OK 73111

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_

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Mailing Address \_\_\_\_\_

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CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176



5(i) or (j). Joint Fundraising Participant:

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FEC ID number C \_\_\_\_\_

FEC ID number C \_\_\_\_\_

FEC ID number C \_\_\_\_\_

FEC ID number C \_\_\_\_\_

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Berkeley Electric Cooperative Inc. Employee PAC

Mailing Address PO Box 1234

PO Box 1234

Moncks Corner SC 29461

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint 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 ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

1-800-552-1234



Express US Airbill Tracking Number 80215 1130 0059

1 From Date 4/11/04

Senders Name Aiken Elec Cooperative Inc Phone 803 649-6245

Company Aiken Elec Cooperative Inc

Address 2790 Wagener Rd

City Aiken State SC ZIP 29801-8126

2 Your Internal Billing Reference

3 To Recipient's Name Federal Electric Cooperative Inc Phone

Company Federal Electric Cooperative Inc

Address 10500 Federal Avenue SE

City Marietta State GA ZIP 30067

0121867399

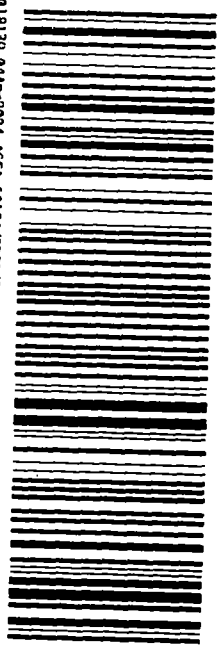
FedEx

TRK# 8097 1130 0059

FRI - 05 APR AA STANDARD OVERNIGHT

XS JPNA

20002 DC-US IAD



6018139 94Apr2004 ACSA SATCA/S089/COB8

Form ID No 0215

Recipient's City

4 Express Package Service

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

2 or 3 Business Days

FedEx 2Day AM

FedEx 2Day

FedEx Standard Overnight

5 Packaging

FedEx Envelope

FedEx Pak

FedEx Box

FedEx Tube

FedEx Cargo Saver

FedEx Mail Boxes Etc

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

FedEx Signature Strip

6 Special Handling and Delivery Signature Options

No Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

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Signature Required

Signature Required

7 Payment - bill to

Sender

Recipient

Third Party

Credit Card

Cash/Check

Open/Corp

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

Acct No

8 Total Packages / Total Weight

50.70

65.00

00:11

2

724

RT

FZ

50.70

65.00

00:11

2

724

RT

FZ

50.70

65.00

00:11

2

724

RT

FZ

50.70

