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) over the lines. is changed) ARCHER DANIELS MIDLAND COMPANY-ADM PAC P.O. Box 1470 ADDRESS (number and street) (Check if address is changed) Decatur 62525-1470 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS chris.riley@adm.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00093963 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. Riley, Christopher, T, Mr., Type or Print Name of Treasurer Riley, Christopher, T, Mr., [Electronically Filed] 06 01 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. FEC FORM 1

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

FEC Form 1	1 (Revised 03/2022)	Page 2					
. TYPE O	OF COMMITTEE:						
Candid	andidate 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. (Comple information below.)	te the candidate					
Name Candid	1						
Candid Party A	date Office Sought: House Senate President	State District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Nam Cand	ne of didate						
Party C	arty Committee:						
(d)	This committee is a (National, State or subordinate) committee of the Republ	cratic, ican, etc.) Party					
Politica	al Action Committee (PAC):						
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a:					
	Corporation Corporation w/o Capital Stock Lab	oor Organization					
	Membership Organization Trade Association Cod	pperative					
	✗ In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party					
	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 (Hybr	id PAC).					
_	In addition, this committee is a Lobbyist/Registrant PAC.						
Joint F	Fundraising Representative:						
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
Com	mittees Participating in Joint Fundraiser						
1.	C						

Title or Position ▼

Treasurer

_	_				
			- 0		
	FEC Form 1 (Revised)	·	Page 3		
V	Vrite or Type Committee Name				
_		IIELS MIDLAND COMPANY-ADM PAC			
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leader MIDLAND COMPANY-ADM PAC	snip PAC Sponsor		
	Mailing Address	P.O. Box 1470			
		<u> </u>			
		Decatur IL 62525-	1470		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: X Connected	d Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Webb, Gre	egory, W., Mr.,			
	Full Name				
	Mailing Address	% Archer Daniels Midland			
		4666 E. Faries Parkway			
		Decatur IL 62526-	5666		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	VP-State Gov't Rel.		451 - 8150		
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of		
	Full Name Riley, Chri	istopher, T, Mr.,			
	of Treasurer				
	Mailing Address	% Archer Daniels Midland			
		4666 E. Faries Parkway			
		Decatur IL 62526-	5666		

CITY A

ZIP CODE ▲

451

4403

STATE lacktriangle

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Cardinal, Heidi, , ,		
Mailing Address	% Archer Daniels Midland		
	4666 E. Faries Parkway Decatur		62526-5666
Tille on Decition	CITY A	STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasu	rer	Telephone number 21	7 358 - 5365
	Depositories: List all banks or other depositories in which xes or maintains funds.	h the committee deposits fu	nds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	Hickory Point Bank		
Mailing Address	P.O. Box 2548		
	Decatur		62525-2548
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲