FEC

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. OHIO ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)/Ohio Rural Electric Cooperatives, Inc./National Rural Electric Cooperative Association 6677 BUSCH BOULEVARD ADDRESS (number and street) (Check if address is changed) **COLUMBUS** 43229 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address dpickering@ohioec.org is changed) Optional Second E-Mail Address broberts@ohioec.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00040881 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Pickering, David,, Pickering, David, , , 04 05 2024 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 Only

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	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 candinformation below.)	didate
	Name of Candidate '''', '''', '''', '''', ''''	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Janot -
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association X 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 committee. (i.e., nonconnected committee)	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 (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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Irite or Type Committee Name		
	OHIO ACTION COMMITTEE FOR	RURAL ELECTRIFICATION (ACRE)/Ohio Rural Electric Cooperatives, Inc./National Rural Electric Co	Cooperative Association
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	Ohio Rural Electric C	ooperatives	
	Mailing Address	6677 Busch Blvd	
		Columbus	' , ,]- , , , ,
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in posses	ssion of committee
	Pickering, [David, , ,	
	Full Name		
	Mailing Address	6677 Busch Blvd	
		Columbus	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 614 –	430 7826
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the russistant treasurer).	name and address of
	Full Name Pickering, I of Treasurer	David, , ,	
	Mailing Address	6677 Busch Blvd	
		Columbus OH 43229	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		430 - 7826

FI	EC Form 1 (Revised	02/2009)				Page 4
Full N Design Agent						
Mailin	g Address					
			CITY A		STATE ▲	ZIP CODE ▲
Title o	or Position ▼					
				Telephone num	nber	
	or Other Depositor deposit boxes or ma	ries: List all banks or other intains funds.	depositories in which	th the committe	e deposits fur	nds, holds accounts, rents
Name	of Bank, Depository,	etc.				
	PNC B	ank				
Mailing	g Address	155 East Broad Street				
		Columbus			ОН	43215
		C	CITY A		STATE ▲	ZIP CODE ▲
Name	of Bank, Depository,	etc.				
				1 1 1 1 1	1 1 1 1	
Mailing	g Address					
		C	CITY A		STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ig Farticipant.			
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2.		FEC ID numb	per C	Ξ
3.		FEC ID numb	per C	Ξ
4.		FEC ID numb	per C	
ame of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Represent	ative, or Leadership PAC Sp	oon
National Rural Electi	ic Cooperative Association			
	4004 Miles e Phyl			
Mailing Address	4301 Wilson Blvd			
	Arlington	VA	22203	
Relationship:	CITY ▲	STATE	ZIP CODE 4	A
X Connecte	Affiliated Committee fy by name, address (phone number – opti	Joint Fundraising Represonal)	sentative Leadership PAC	C S _I
X Connecte	_		sentative Leadership PAC	C S _I
Connecte	_		sentative Leadership PAC	S _F
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Connecte esignated Agent: Identi Full Name	_		sentative Leadership PAC	C Sp
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h). Joint Fundraisi	ig i ai dolpaild		
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4.		FEC ID number	С
		,	
_	Organization, Affiliated Committee, Joint Fu		
THE NATIONAL RURAL ELEC	FRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FO	R RURAL ELECTRIFICATION (AN	MERICA'S ELECTRIC COOPERATIVES
Mailing Address	4301 WILSON BLVD		
	ARLINGTON	VA	22203
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
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esignated Agent: Identii Full Name Mailing Address	by by name, address (phone number – optional)		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
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 whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fun		
Mailing Address	P O BOX 608		
	BURLEY	ID	83342
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jo		
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional) CITY	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

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
INDIANA ACRE/INDIANA S	STATEWIDE ASSOCIATION OF RURAL ELECTRIC COC	PERATIVES DBA INDIANA ELE	ECTRIC COOPERATIVES FEDERAL
	0000 1/57/070 1/5 00 000 1/0		
Mailing Address	8888 KEYSTONE CROSSING		
	SUITE 1600		
	INDIANAPOLIS	IN L	46240
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ify by name, address (phone number - optional	ul)	
Full Name	ify by name, address (phone number – optiona	il)	
	ify by name, address (phone number – optiona	ll)	
Full Name	ify by name, address (phone number – optional	l)	
Full Name	ify by name, address (phone number – optional		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A
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(h). Joint Fundraisi	ng randopant.		
1.		FEC ID number	С
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4		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundra		re, or Leadership PAC Spons
Mailing Address	509 EAST CARTHAGE		
	PO BOX 790		
Relationship:	MEADE CITY A	KS KS	67864 ZIP CODE A
Connecte	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name		Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identi		Fundraising Represent	tative Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:			
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3		FEC ID	number	C
4		FEC ID	number	C
-	d Organization, Affiliated Committee, Joint	Fundraising Repr	esentative	, or Leadership PAC Sponso
SPEAK UP FOR RU	IRAL ELECTRIFICATION (SURE)			
Mailing Address	P.O.BOX 32170			
	LOUISVILLE	1	KY	40232
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Spo
Eull Nome				
Full Name Mailing Address	<u> </u>			
Mailing Address				
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Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in naintains funds.	Telephone Nu	mber	s funds, holds accounts, rents

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

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Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot GREAT RIVER ENERGY ACTION TEAM (GREAT) Mailing Address 12300 ELM CREEK BLVD MAPLE GROVE Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	3.		FEC ID number	С
GREAT RIVER ENERGY ACTION TEAM (GREAT) Mailing Address 12300 ELM CREEK BLVD MAPLE GROVE MIN 55369-4718 CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC 5 Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — optional Stately deposit boxes or maintains funds. Janks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reliable deposit boxes or maintains funds. Janks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reliable deposit boxes or maintains funds.	4		FEC ID number	C
Mailing Address 12300 ELM CREEK BLVD MAPLE GROVE MAPLE GROVE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds accounts, reliablely deposit boxes or maintains funds. Name of Bank, Depository, etc.	-		draising Representative	, or Leadership PAC Spons
Malling Address MAPLE GROVE MN 55369-4718 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Stores or maintains funds. James of Bank, Depository, etc.	GREAT RIVER ENE	LIGHT ACTION TEAM (GREAT)		
Malling Address MAPLE GROVE MN 55369-4718 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Stores or maintains funds. James of Bank, Depository, etc.				
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identi	fy by name, address (phone number - optional)		
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Mailing A	ddress	2722 EAST MCCART	IY SIREEI				
		JEFFERSON CITY			MO	65101	
					CTATE A	7	ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2. 🔃				FEC I	D number	С	
3. 🔲				FEC I	D number	С	Ξ
4. 🗀				FEC I	D number	С	
	-	_	Affiliated Committee, Joint	_	-		ons
Mai	iling Address	POST OFFIC	CE BOX 3300				
		RIDGELAND)		MS	39158	
			CITY A		STATE A	ZIP CODE 4	A
Designate	ed Agent: Identif	d Organization	X Affiliated Committee ress (phone number – option	Joint Fundraisir	g Represent	tative Leadership PAC	Spo
Designate Full N	Connected ed Agent: Identify		X Affiliated Committee		g Represent	tative Leadership PAC	Spo
Designate Full N	Connected ed Agent: Identify		X Affiliated Committee		g Represent	Leadership PAC	Spo
Designate Full N	Connected ed Agent: Identify		X Affiliated Committee		g Represent	Leadership PAC	Spo
Designate Full N Mailin	Connected ed Agent: Identify lame ng Address	by name, add	X Affiliated Committee ress (phone number – option				Spo
Designate Full N Mailin	Connected ed Agent: Identify	by name, add	X Affiliated Committee		STATE A	Leadership PAC	Spc

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Montana Action Con	nmittee for Rural Electrification		
Mailing Address	PO Box 1306		
	GREAT FALLS	MT	59403
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)		
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Full Name	fy by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	_		liated Committee, Joint RATIVE POLITICAL AC			or Leadership PAC Spons
Ма	iling Address	1717 E INTERS	TATE AVE			
		BISMARCK		, , , , , ,	ND	58503-0542
Rel	lationship:		CITY A		STATE A	ZIP CODE ▲
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Mailir			CITY A	S.	TATE A	ZIP CODE A

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	ng Participant:		
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4.		FEC ID number	С
_	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
AMERICA'S ELECT	RIC COOPERATIVE PAC - OKLAHOMA		
Mailing Address	2325 E I-44 SERVICE RD		1 1 1 1 1 1 1 1 1 1
	OKLAHOMA CITY	OK	73111
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected Agent: Identification	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	
			tive Leadership PAC Spo
Designated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy 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 Banks or Other Deposit afety deposit boxes or many parts of the control of the	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or make the same of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

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

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representati	ve, or Leadership PAC Sponso
AIKEN ELECTRIC C	OOPERATIVE INC PAC		
Mailing Address	2790 WAGENER ROAD		
	PO BOX 417		
	AIKEN	SC	29802
Relationship:	CITY A	STATE 4	ZIP CODE ▲
	d Organization X Affiliated Committee y by name, address (phone number – optiona	Joint Fundraising Represer	Leadership FAC Spc
Designated Agent: Identif			Leadership FAC Spc
Designated Agent: Identif			Leadership PAC Spo
Designated Agent: Identif			Leadership FAC Spc
Designated Agent: Identif	y by name, address (phone number – optiona	I)	
Designated Agent: Identif	y by name, address (phone number – optiona		ZIP CODE A
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optiona	I)	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or maintain for the period of Bank, Depository, etc.	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A

	a 20	
Page	of ²⁰	

1		g Participant:				
				FEC ID	number	C
2				FEC ID	number	C
3.				FEC ID	number	C
4.	1 1 1 1 1 1			 FEC ID	number	С
	-	_			resentative	e, or Leadership PAC Spons
BERK	ELEY ELECTRI	C COOPERATIV	E, INC. EMPLOYEE	PAC 		
Ма	iling Address	P.O. BOX 1234				
		MONCKS CORN	ER		SC	29461
Rel	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name					
Mailir	ng Address					
Mailir	ng Address					
Mailir	ng Address					
	ng Address LE OR POSITION		CITY A		STATE A	ZIP CODE A

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

Page ____ **of** _____

(h). Joint Fundraisi	ig Faiticipalit.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Sponso
Mailing Address	2312 CAREY AVENUE		
	CHEYENNE	WY	82001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Jory by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number – optional)	sint Fundraising Represent	Ative Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)		
Pesignated Agent: Identi Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundraisi	9		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
LOUISIANA ACTION	N COMMITTEE FOR RURAL ELECTRIFICA	ATION	
Mailing Address	10725 AIRLINE HWY		
	BATON ROUGE	LA LA	70816
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A