FEC FORM 1		STATEMEN ORGANIZA	-	Offi	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
			PAC: AKA HORME	L-PAC	
ADDRESS (number ar	nd street)				
I					
		AUSTIN CITY ▲		MN 5591 STATE ▲	
COMMITTEE'S E-MA	IL ADDRE	SS			
X < (Check if a is changed		fmakope@hormel.com			
	,	Optional Second E-Mail Add dcsilbaugh@hormel.com	Iress		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 03	M / D 27	D / Y Y Y Y 2009			
3. FEC IDENTIFIC	ATION NU	IMBER ► C co	00282863		
4. IS THIS STATEM	1ENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	xamined th	is Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of	of Treasurer	MAKOPE, FLORENCE, , ,			
Signature of Treasure	r MAKO	DPE, FLORENCE, , ,		Date 08	D D / Y Y Y Y 29 2023
NOTE: Submission of	false, errone		may subject the person signing t TON SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only			For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presiden	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	mocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) $\mathbf{X}$ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	_abor Organization
Membership Organization Trade Association	Cooperative
imes In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated 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 (Hy	ybrid 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.

In addition, this committee is a Lobbyist/Registrant PAC.

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Write or Type Committee Name	

## HORMEL FOODS CORPORATION PAC: AKA HORMEL-PAC

6.	Name of Any Connected Or	ganization, Affiliated	Com	mitt	ee, J	loin	t F	und	rai	sing	Re	pre	ser	ntat	ive,	or	Lea	ade	rship	PAC	s :	por	isor	
	Hormel Foods Corpo																			<u>   </u>				
	Mailing Address	1 Hormel Place															1 1							
		Austin											_ N	/N			55	912			- [			
			СІТ	Y	•								STA	λΤΕ					ZIF	o cc	DE	E 🔺		
	Relationship: X Connected	Organization Affilia	ated O	rgan	izatic	n		Jc	oint	Fund	drais	ing	Re	pres	ent	ativ	Э		Lea	dersh	ip I	PAC	Spo	onso

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

MAKOPE,	FLORENCE, , ,				
Full Name					
Mailing Address	1 Hormel Place				
	Austin			MN 55912	
	CI	TY 🔺		STATE A	ZIP CODE
Title or Position ▼					
Treasurer			Telephone nun	nber 507 –	437 - 5922

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	1 Hormel Place								
	Austin MN55912								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
Treasurer	507   437   5922								

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Full Name of Designated Agent																			1												
Mailing Address	L																														
	L																														
	L																											- [			
										CI	TΥ										ST	λΤΕ			Z	IP (	COI	DE			
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.

US Bank				
Mailing Address	PO Box 1800			
	St. Paul		MN 55101-	0800
	CIT		STATE A	ZIP CODE
Name of Bank, Depository, e	ic.			
Mailing Address				
	CIT	TY ▲	STATE ▲	ZIP CODE ▲