

2025 Riceland Foods PAC Contribution Form

****Please fill in each line completely.***

*Name: _____

*Address: _____

*City, State, Zip: _____ Phone: _____

*Occupation (MUST check one): ☐ Farmer ☐ Other: _____

*Employer (MUST check one): ☐ Self-Employed ☐ Other: _____

Please choose which Riceland PAC you wish to contribute.

☐ I WISH TO GIVE TO RICEAND'S FEDERAL PAC

☐ I WISH TO GIVE TO RICELAND'S ARKANSAS STATE PAC

_____ **I wish to contribute from my crop proceeds.**

The undersigned member of Riceland Foods, Inc., not a corporation, authorizes Riceland Foods, Inc., to make a one-time deduction from my crop proceeds to Riceland Foods, Inc. Political Action Committee in the amount of:

\$ _____

Signature _____ Date: _____

Account number following name on mailing insert: _____

_____ **I wish to contribute with a personal or unincorporated farm check.**

NOTE: If giving to BOTH Federal & State PAC's you must write two separate checks

*Please complete and return this form with your checks made payable to "Riceland PAC" or "Riceland Foods, Arkansas State PAC" in the envelope provided.

_____ **I wish to contribute with an unincorporated partnership check.**

Please list all partners on the back of this form and return it in the envelope provided. No partnership that includes a corporation qualifies to contribute.

Contributions to Riceland's Political Action Committee may not exceed \$5,000 per calendar year. No corporate contributions or contributions from foreign nationals may be accepted under Federal law. Contributions to Riceland PAC are not deductible for Federal income tax purposes and may not be reimbursed as a business expense. Federal law requires us to use our best efforts to collect and report the name, address, occupation, and name of employer of individuals whose contributions exceed \$200.

Partnership Contributions

Contributions in excess of \$200 from a partnership must be reported with allocations for each partner. Please list all partners and allocate the contribution of each partner. The total for all partners must equal the total of the partnership contribution or 100 percent.

Partner 1 Name: _____ Amount \$ _____ or % _____

Partner 1 Address: _____

Partner 2 Name: _____ Amount \$ _____ or % _____

Partner 2 Address: _____

Partner 3 Name: _____ Amount \$ _____ or % _____

Partner 3 Address: _____

Partner 4 Name: _____ Amount \$ _____ or % _____

Partner 4 Address: _____

Partner 5 Name: _____ Amount \$ _____ or % _____

Partner 5 Address: _____

Partner 6 Name: _____ Amount \$ _____ or % _____

Partner 6 Address: _____

Partner 7 Name: _____ Amount \$ _____ or % _____

Partner 7 Address: _____

Partner 8 Name: _____ Amount \$ _____ or % _____

Partner 8 Address: _____

Partner 9 Name: _____ Amount \$ _____ or % _____

Partner 9 Address: _____