Image# 201608019022165026				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ			Diffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
The Mosaic Com	pany Political Ac	tion Committee	(MosaicPA	\C)
	13830 Circa Crossing Drive			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Lithia		FL 33	3547
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address	PAC@mosaicco.com			1
is changed)				
	Optional Second E-Mail Add			
				· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S WEB PAGE AD				
(Check if address				
is changed)				
	D / Y Y Y Y 1 2016			
3. FEC IDENTIFICATION N	UMBER ► C co	00455766		
	-	-		
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 i	t is true, correct an	d complete.
Type or Print Name of Treasure	er Catherine Neslund			
Signature of Treasurer	perine Neslund	[Electronically Filed]	Date 08	/ D D / Y Y Y Y 01 2016
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATION			e penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009) Page 2
TYP	E OF C	COMMITTEE
Car	ndidate	e 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.)
	ne of didate	L
	didate y Affiliati	ion Office Sought: House Senate President District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate	
Par	ty Con	nmittee:
(d)		(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part
Pol	itical A	ction Committee (PAC):
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock
		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 part 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.)
Joir	nt Func	draising Representative:
(g)		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.
(h)		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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

The Mosaic Company Political Action Committee (MosaicPAC)

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

The Mosaic Co	ompany
Mailing Address	3033 Campus Drive Suite E490
	Plymouth MN 55441
	CITY STATE ZIP CODE
	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons
 Custodian of Rec books and records 	cords: Identify by name, address (phone number optional) and position of the person in possession of committe S.
	Catherine Neslund
Full Name	
Mailing Address	13830 Circa Crossing Drive
	Lithia FL 33547
Title or Position	CITY STATE ZIP CODE
	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	13830 Circa Crossing Drive
	Lithia
	CITY STATE ZIP CODE
Title or Position	
	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																								1				_
Mailing Address																												
																											1	
						(CIT	Y								9	STA	ΤE				ZI	PC	OD	Ε			
Title or Position																												
												Tele	eph	ione	e ni	umb	ber		_	_								

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.

Associ	ated Bank		
Mailing Address	2655 Campus Drive		
	Plymouth	MN 5	55441
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE