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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Missouri Farm Bureau Farm PAC, Southeast District

ADDRESS (number and street) 2129 Ridge Road

(Check if address is changed)

Jackson MO 63755

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 03 / 01 / 2008

3. FEC IDENTIFICATION NUMBER C 0 0 0 8 9 8 3 9

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 it is true, correct and complete.

Type or Print Name of Treasurer Dale Steffens

Signature of Treasurer

Dale Steffens

Date

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

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

FEC FORM 1
(Revised 12/2007)

Candidate Committee:

- | | |
|------------------------------|--|
| Name of
Candidate | |
|------------------------------|--|

District

- [illegible]

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Cooperative

- In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

[illegible]

Write or Type Committee Name

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

Missouri Farm Bureau Federation

Mailing Address

PO Box 658

Jefferson City,

CITY

MO

STATE

65102

ZIP CODE

Relationship:

☒ Connected Organization☐ Affiliated Committee☐ Leadership PAC Sponsor☐ Joint Fundraising Representative

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

Full Name

Dale Steffens

Mailing Address

2129 Ridge Road

Jackson

CITY

MO

STATE

63755

ZIP CODE

Title or Position

Treasurer

Telephone number

573 - 579 - 9134

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

Dale Steffens

Mailing Address

2129 Ridge Road

Jackson

CITY

MO

STATE

63755

ZIP CODE

Title or Position

Treasurer

Telephone number

573 - 579 - 9134

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
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(3/2005)

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