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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

Minnesota Farm Bureau Federation  
Political Action Committee

ADDRESS (number and street)

3080 Eagandale Place

(Check if address is changed)

P.O. Box 64370

St. Paul

MN

55164-0370

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

651-905-2159

2. DATE

01 05 2006

3. FEC IDENTIFICATION NUMBER ▶

C00417675

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

Nancy Petsch

Signature of Treasurer

*Nancy Petsch*

Date

01 05 2006

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.


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

FEC FORM 1  
(Revised 02/2003)

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Federal Election Commission  
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